

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N07712 1. Entity Name HOMEOWNERS OF BAY PALMS M.H.P., INC.	
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Principal Place of Business 25163 MARION AVENUE BOX 4 PUNTA GORDA, FL 33950 US	Mailing Address 25163 MARION AVENUE BOX 4 PUNTA GORDA, FL 33950 US
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01112006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2498046	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MERRITT, ROBERT W 25163 MARION AVE #42 BAY PALMS M.H.P. PUNTA GORDA, FL 33950

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORRIS, JIM 25163 MARION AVE, LOT 22 PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRICE, EARL 25163 MARION AVE, LOT 5 PUNTA GORDA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MERRITT, ROBERT W 25163 MARION AVE LOT #42 PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CONNOLLY, RAY 25163 MARION AV LOT 23 PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMASTER, SANDY 25163 MARION AVE, LOT 33 PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/23/06-80005-002 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert W. Merritt **Robert W. Merritt** 1-17-06 941-637-6093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #