

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90067 038 ****61.25

DOCUMENT # N48689 1. Entity Name BAYSWATER CLOSE AT OLDE HYDE PARK PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 919 S. ROME AVE TAMPA FL 33606				Mailing Address 919 S ROME AVE #1 TAMPA FL 33606	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 919 S Rome Ave Suite, Apt. #, etc. Unit 19 City & State Tampa Zip FL			
City & State Tampa		Country USA		4. FEI Number 59-3125583	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BARKETT, DAVID 919 S ROME AVE #1 TAMPA FL 33606			7. Name and Address of New Registered Agent Name Peter Dilts Street Address (P.O. Box Number is Not Acceptable) 919 S Rome Ave Unit 19 City Tampa FL Zip Code 33606		
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 Peter Dilts, Treasurer Ruth K Dilts 3/30/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CRABTREE, CHAD 919 S ROME AVE #10 TAMPA FL	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D William Todd 919 S Rome Ave - 12 Tampa, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TUCKER, PAM 919 S ROME AVE #16 TAMPA FL	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	ID Peter Dilts 919 S. Rome Ave - 14 Tampa, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BARKETT, DAVID 919 S. ROME AVE #1 TAMPA FL	☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV FREEDMAN, PARKER 919 S ROME AVE #3 TAMPA FL	☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ST. JEAN, ERIKA 919 S ROME AVE #11 TAMPA FL	☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Ruth K Dilts Treasurer 3/30/04 813-361-1257 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



MOORE CR2E037 (11/03)