2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State
04-09-2007 90078 016 ****61.25

DOCUMENT # N48689

1. Entity Name
BAYSWATER CLOSE AT OLDE HYDE PARK PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
919 S. ROME AVE TAMPA, FL 33606	919 S ROME AVE UNIT 19 TAMPA, FL 33606

01222007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3125583 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PERRY, KAREN F 919 S ROME AVE UNIT 10 TAMPA, FL 33606	Name: HORNSTROM, LISSA Street Address (P.O. Box Number is Not Acceptable): 919 S. ROME AVE., # 11 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: Lissa Hornstrom 4-2-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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 SCHOLTEN, JOEL 919 SOUTH ROME AVE SUITE 8 TAMPA, FL 33606	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LELAND, SALLIE 919 S. ROME AVE, # 14 TAMPA FL 33606	☐ Change ☑ Addition
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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PERRY, KAREN 919 SOUTH ROME AVE SUITE 10 TAMPA, FL 33606	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HORNSTROM, LISSA 919 S. ROME AVE # 11 TAMPA FL 33606	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURPHY, KAY 919 SOUTH ROME AVE SUITE 18 TAMPA, FL 33606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'SULLIVAN, ELISABETH 919 SOUTH ROME AVE SUITE 6 TAMPA, FL 33606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROSS, DEDE 919 SOUTH ROME AVE SUITE 7 TAMPA, FL 33606	☐ 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 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: Lissa Hornstrom 4-2-07 813-250-1837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #