## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## FILED Apr 09, 2007 8:00 am

DOCUMENT # N48689  1. Entity Name BAYSWATER CLOSE AT OLDE HYDE PARK PROPERTY OWNERS ASSOCIATION, INC.							Secretary of State 04-09-2007 90078 016 ****61.25				
919 S. ROME AVE 915 TAMPA, FL 33606 UN			Mailing Address 919 S ROME AVE UNIT 19 TAMPA, FL 33606								
2. Principal Place of Business - No P.O. Box # 3. 1			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			,	01222007 C	hg-NP	CR2E037	(12/06)	
City & State			City & State				4. FEI Number 59-312558	33		<del></del>	olied For Applicable
Zîp	Zip Country			Zip Country			5. Certificate of S	tatus Desired		3.75 Addi e Required	
	6. Name	and Address of Current R	egistered Agent				7. Name and Ad	dress of New Re	gistered Age	ent	
PERRY, KAREN F 919 S ROME AVE UNIT 10					Name HORDST ROM, LISSA Street Address (P.O. Box Number is Not Acceptable)						
TAMPA, FI	L 33606				City	919 S. ROME AVE. HI					
		· · · · · · · · · · · · · · · · · · ·				<b>YAY</b>	ላ P A		FL	Zip Code 3360	6
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. Lam familiar with, and accept the obligations of registered agent.											
SIGNATURE LIDEN HUNSTERN 4-2-07											
	Signature, typed	or printed name of registered agent as	nd title if applicable. (N	VOTE. Registere	ed Agent signature n	required	when reinstating)	<u> </u>	DATE		
······································	Filing Fo	or printed name of registered agent ar e is \$61.25 lay 1, 2007	9. Election (		Financing	<del></del>	\$5.00 May Be Added to Fees	Me			
10,	Filing Fo	e is \$61.25	9. Election ( Trust Fun	Campaign F	Financing tion.	]	\$5.00 May Be	Me Florid	DATE ake check p da Departm	ent of St	ate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Horida Statutes. I further certify that the information indicated on this report or suppliemental 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

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

ROSS, DEDE

STREET ADDRESS 919 SOUTH ROME AVE SUITE 7

TAMPA, FL 33606

changed, or on an attachment with an address, with all other like empowered.	rua statutes, and that my han	ie appears in block to or block to
SIGNATURE: dow Horneton	4-2-07	813-250-1837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #