2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N48689

1. Entity Name

BAYSWATER CLOSE AT OLDE HYDE PARK PROPERTY OWNER S ASSOCIATION, INC.



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90603 005 ****61.25

Principal Place 919 S. ROME TAMPA FL 336		Mailing Address 919 S ROME AVE #1 TAMPA FL 33606							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-	4. FEI Number 59-3125583		Applied For Not Applicable	
Zip	Zip Country Z		Zip Cour		5. Certificate of Stat	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent						ss of New Registered			1
the same of the sa				Name	Tali Massachi, I said in Maria and	ره پیس دولیوهای ۱۹۰۰ شیر	~ - -	· =	
BARKETT 919 S RO			Street Address			(P.O. Box Number is Not Acceptable)			
#1					•				
TAMPA F	L 33606			City		FI	Zip Coo	de	1
	named entity submits this statement for	the purpose of changing its	registered	d office or regis	stered agent, or both, in th	e State of Florida. I am	familiar with,	and accept	[
the obligat	tions of registered agent.							٠	{
SIGNATURE .									ĺ
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered	Agent signature requ	uired when reinstating)	DATE			
FILE NOW: FEE IS \$61.25 9. Election Campa Trust Fund Con			-		\$5.00 May Be Added to Fees	Make Chec			
• · · · · · · · · · · · · · · · · · · ·	•	indstraing C	onabatio		Added to Fees	Florida Depa	runent of	State	
10.	OFFICERS AND DIRECTORS 11.				ADDITIONS/CHANGES	TO OFFICERS AND D	IRECTORS IN	V 10	1
TITLE .	PD	☐ Delete					☐ Change	☐ Addition	[8
NAME	CRABTREE, CHAD		NAME						은
STREET ADDRESS CITY-ST-ZIP	919 S ROME AVE #10 TAMPA FL		CITY-S	T ADDRESS					3
TITLE	SD	Delete		J1-ZII			☐ Change	Addition	CR2E037 (10/02
NAME	TUCKER, PAM	LLI Delete				Ц		☐ Addition	Ö
STREET ADDRESS	919 S ROME AVE #16		STREET	T ADDRESS					
CITY-ST-ZIP	TAMPA FL	<u> </u>		ST-ZIP					
TITLE	TO	- Delete			المراجع والمحارب والمحاليين والتصليب	ساء مهم دران المجدان جاوا	- Change	Addition	
NAME	BARKETT, DAVID	:							
STREET ADDRESS CITY-ST-ZIP	919 S. ROME AVE #1 TAMPA FL			r address St-zip					
TITLE	DV	☐ Delete TITL		-			Change	☐ Addition	
NAME	FREEDMAN, PARKER	Delete				_			
STREET ADDRESS	919 S ROME AVE #3	AE AVE #3		T ADDRESS			-		
CITY-ST-ZIP	TAMPA FL	~	CITY-S	ST-ZIP					
TITLE	D CT (FAM FDIKA	☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS			NAME	T ADDRESS					
CITY-ST-ZIP	919 S ROME AVE #11 TAMPA FL			ST-ZIP					
TITLE	TOWN COLL	□ Delete	TITLE				☐ Change	Addition	
NAME			NAME						
STREET ADDRESS			STREET	r address					
CITY-ST-ZIP			CITY-S						
12 I horoby c	sortific that the information according with	Hein filing along and accept the		milian atatad in	Contino 110 07(4)(). Flori	alle Organization 1 for outliness and	المماد وسياوا كالما	mf=	

I nereby ceruity 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:

1-15.03 (813) 248-1588 Ext 123