

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

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90051 047 \*\*\*\*61.25

DOCUMENT # **N97000006569**

1. Entity Name  
**BAY ARBOR PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**4131 GUNN HIGHWAY  
TAMPA FL 33624**

Mailing Address  
**4131 GUNN HIGHWAY  
TAMPA FL 33624**

**90015254**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-3556627**  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$6.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SHERMAN, KILLIAN LCAM  
4131 GUNN HIGHWAY  
TAMPA FL 33624**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 *Sherman Killian LCAM* DATE 01-14-03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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	PD	<input type="checkbox"/> Delete
NAME	STEVE, HOWARTH	
STREET ADDRESS	245 ARBOR WOODS CIRCLE	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BLEWITT, BARBARA	
STREET ADDRESS	374 VENTURA DRIVE	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MANGANIELLO, CHARLES	
STREET ADDRESS	308 BAY ARBOR BLVD	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GRANT, PAT	
STREET ADDRESS	218 ARBOR WOODS CIRCLE	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOWEN, RICH	
STREET ADDRESS	342 VENTURA DRIVE	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	UD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Douglas Bevis	
STREET ADDRESS	359 Bay Arbor Blvd	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce H. Johnson	
STREET ADDRESS	250 Arbor Wood Circle	
CITY-ST-ZIP	OLDSMAR, FL 34677	

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: *[Signature]* **NOTARIZATION REQUIRED** 1/26/03 6720395-7072

CR2E037 (10/02)