

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

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90248 009 ****70.00



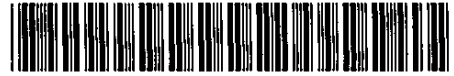
DOCUMENT.# N98000003100

Entity Name

BAY WEST MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
9315 MEMORIAL HWY.
TAMPA FL 33615

Mailing Address
138 SHORE PKWY
TAMPA FL 33615



1st MOORE CR2E037 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-3592710	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BOVARD, DEBORAH J
138 SHORE PKWY
TAMPA FL 33615

7. Name and Address of New Registered Agent

Name: **HAMMOND, Rita J.**
Street Address (P.O. Box Number is Not Acceptable): **138 Shore PKWY**
City: **TAMPA** FL Zip Code: **33615**

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: Rita J. Hammond, TREASURER DATE: April 12, 2006

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
Due By May 1, 2006

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	
TITLE: PD NAME: BOVARD, DEBORAH J STREET ADDRESS: 138 SHORE PKWY CITY-ST-ZIP: TAMPA FL 33615	<input checked="" type="checkbox"/> Delete
TITLE: TD NAME: HAMMOND, RITA STREET ADDRESS: 138 SHORE PKWY CITY-ST-ZIP: TAMPA FL 33615	<input type="checkbox"/> Delete
TITLE: 1VP NAME: KRASAUSKAS, WILLIAM STREET ADDRESS: 103 SHORE PKWY CITY-ST-ZIP: TAMPA FL 33615	<input checked="" type="checkbox"/> Delete
TITLE: 2VP NAME: KRASAUSKAS, JULIE STREET ADDRESS: 103 SHORE PKWY CITY-ST-ZIP: TAMPA FL 33615	<input checked="" type="checkbox"/> Delete
TITLE: SD NAME: HERNANDEZ, MARISOL STREET ADDRESS: 211 JASON DR CITY-ST-ZIP: TAMPA FL 33615	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: HENTZLER, Richard STREET ADDRESS: 234 Shore PKWY CITY-ST-ZIP: TAMPA FL 33615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: HAMMOND, Rita STREET ADDRESS: 138 Shore PKWY CITY-ST-ZIP: TAMPA FL 33615	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: 1VPD NAME: VANHOOSE, HAROLD STREET ADDRESS: 202 Shore PKWY CITY-ST-ZIP: TAMPA FL 33615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: 2VPD NAME: Penate, Ida STREET ADDRESS: 138 Rodney LANE CITY-ST-ZIP: TAMPA FL 33615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: STEPRO, SYLVIA STREET ADDRESS: 313 GREENVALE DR CITY-ST-ZIP: TAMPA FL 33615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Rita Hammond, Treasurer Rita Hammond/Treasurer 4-12-06/ 813 885-1644

ATTACHMENT
40091135

April 12, 2006

FLORIDA DEPARTMENT OF STATE
GLENDA E. HOOD
SECRETARY OF STATE

Re: Document Number N980000003100
Per Letter Number: 305A00050283

I sent for the name change of our Incorporation from COLONIAL COACH MOBILE HOMEOWNERS ASSOCIATION, INC to be changed to BAY WEST CLUB MOBILE HOME OWNERS ASSOCIATION, INC. It came back to us under the name of BAY WEST MOBILE HOMEOWNERS ASSOCIATION INC. The word CLUB was left out of the title.

Can this be corrected?

Thank you for your time and attention,



Rita Hammond, Treasurer