


FILED
Jul 06, 2007 8:00 am
Secretary of State

07-06-2007 90019 001 *****8.75
 07-06-2007 90019 002 *****61.25

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

DOCUMENT # N98000003100 1. 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
---	---

66020110



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

06032007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent HAMMOND, RITA J 1358 SHORE PKWY TAMPA, FL 33615	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 HENTZLER, RICHARD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	234 SHORE PKWY		NAME		
STREET ADDRESS	TAMPA, FL 33615		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TD HAMMOND, RITA	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	138 SHORE PKWY		NAME		
STREET ADDRESS	TAMPA, FL 33615		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VPD VANHOOSE, HAROLD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	202 SHORE PKWY		NAME		
STREET ADDRESS	TAMPA, FL 33615		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VPD PENATE, IDA	<input checked="" type="checkbox"/> Delete	TITLE	VPD NICHOLS, LEIGH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	138 RODNEY LANE		NAME	124 NEWBURY DR.	
STREET ADDRESS	TAMPA, FL 33615		STREET ADDRESS	TAMPA FL 33615	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SD STEPRO, SYLVIA	<input checked="" type="checkbox"/> Delete	TITLE	SD SHIELDS, SHERYL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	213 GREENVALE DR		NAME	211 ERIC COURT	
STREET ADDRESS	TAMPA, FL 33615		STREET ADDRESS	TAMPA FL 33615	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing complies with the requirements set forth in Chapter 617, 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 J. Hammond Rita J. Hammond 6-01-07 813-885-1644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
66020110

#N98000003100