

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2008 8:00 am
Secretary of State

07-30-2008 90028 032 ****70.00



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**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

07252008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3592710

Applied For
 Not Applicable



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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 12, 2008

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 checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENTZLER, RICHARD		NAME	MEDEIROS, RONALD	
STREET ADDRESS	234 SHORE PKWY		STREET ADDRESS	318 GREENVALE DR.	
CITY-ST-ZIP	TAMPA, FL 33615		CITY-ST-ZIP	TAMPA, FL 33615	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMOND, RITA		NAME		
STREET ADDRESS	138 SHORE PKWY		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33615		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANHOOSE, HAROLD		NAME	HENTZLER, RICHARD	
STREET ADDRESS	202 SHORE PKWY		STREET ADDRESS	234 SHORE PARKWAY	
CITY-ST-ZIP	TAMPA, FL 33615		CITY-ST-ZIP	TAMPA FL 33615	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, LEIGH		NAME	BLOOD, WAYNE	
STREET ADDRESS	124 NEWBURY DR		STREET ADDRESS	122 DUVAL DR.	
CITY-ST-ZIP	TAMPA, FL 33615		CITY-ST-ZIP	TAMPA, FL 33615	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIELDS, SHERYL		NAME		
STREET ADDRESS	211 ERIE COURT		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33615		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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 Rita Hammond 7/15/08 813-885-1644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #