

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003100

FILED
Jun 29, 2009
Secretary of State

Entity Name: BAY WEST MOBILE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9315 MEMORIAL HWY.
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

138 SHORE PKWY
TAMPA, FL 33615

New Mailing Address:

FEI Number: 59-3592710 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HAMMOND, RITA J
1358 SHORE PKWY
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

HAMMOND, RITA J
138 SHORE PKWY
TAMPA, FL 33615 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

06/29/2009

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MEDEIROS, RONALD
Address: 318 GREENVALE DR.
City-St-Zip: TAMPA, FL 33615

Title: TD () Delete
Name: HAMMOND, RITA
Address: 138 SHORE PKWY
City-St-Zip: TAMPA, FL 33615

Title: VPD () Delete
Name: MENTZLER, RICHARD
Address: 234 SHORE PARKWAY
City-St-Zip: TAMPA, FL 33615

Title: VPD (X) Delete
Name: BLOOD, WAYNE
Address: 122 DUVAL DDR
City-St-Zip: TAMPA, FL 33615

Title: SD (X) Delete
Name: SHIELDS, SHERYL
Address: 211 ERIE COURT
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BLOOD, WAYNE V
Address: 122 DUVAL DR.
City-St-Zip: TAMPA, FL 33615

Title: TD (X) Change () Addition
Name: HAMMOND, RITA J
Address: 138 SHORE PKWY
City-St-Zip: TAMPA, FL 33615

Title: SD (X) Change () Addition
Name: SHANNON, SHERYL L
Address: 211 ERIC CT
City-St-Zip: TAMPA, FL 33615

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RITA J HAMMOND

Electronic Signature of Signing Officer or Director

TD

06/29/2009

Date