

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04244

**Entity Name:** BAYPORT WEST HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7055 SILVERMILL DRIVE  
TAMPA, FL 33635

**Current Mailing Address:**

PO BOX 273708  
TAMPA, FL 33688

**FEI Number:** 59-2446384

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

THE TROWBRIDGE COMPANY, INC.  
3421 VALLEY RANCH DR  
LUTZ, FL 33549 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            VERSZYLA, ROGER  
Address        10838 VENICE CIRCLE  
City-State-Zip: TAMPA FL 33635

Title            VP  
Name            BULMER, DONNA  
Address        7020 SILVERMILL DR  
City-State-Zip: TAMPA FL 33635

Title            TREASURER  
Name            GILBERT, BOB  
Address        11004 LONDON LANE  
City-State-Zip: TAMPA FL 33635

Title            SECRETARY  
Name            LEFEVRE, SUSAN  
Address        10841 VENICE CIRCLE  
City-State-Zip: TAMPA FL 33635

Title            DIRECTOR  
Name            BROWN, LAWRENCE  
Address        7055 SILVERMILL DRIVE  
City-State-Zip: TAMPA FL 33635

*I hereby 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 all other like empowered.*

**SIGNATURE:** ROGER VERSZYLA

**PRESIDENT**

**02/17/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date