

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07712

**Entity Name:** HOMEOWNERS OF BAY PALMS M.H.P., INC.

**Current Principal Place of Business:**

25163 MARION AVENUE  
BOX 4  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

25163 MARION AVENUE  
BOX 4  
PUNTA GORDA, FL 33950 US

**FEI Number: 59-2498046**

**Certificate of Status Desired: No**

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

MCMASTER, SANDRA L  
25163 MARION AVE #33  
BAY PALMS M.H.P.  
PUNTA GORDA, FL 33950 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 SD  
Name GARRETT, BETHANY  
Address 25163 MARION AVE, LOT 18  
City-State-Zip: PUNTA GORDA FL 33950

Title D  
Name CONNOLLY, RAYMOND  
Address 25163 MARION AVE, LOT 23  
City-State-Zip: PUNTA GORDA FL 33950

Title D  
Name GRICE, EARL L  
Address 25163 MARION AVE LOT 05  
City-State-Zip: PUNTA GORDA FL 33950

Title PD  
Name MCBRIDE, JEROME  
Address 25163 MARION AV LOT 23  
City-State-Zip: PUNTA GORDA FL 33950

Title VPD  
Name FAXON, RALPH  
Address 25163 MARION AVE, LOT 10  
City-State-Zip: PUNTA GORDA FL 33950

Title D  
Name SAPHNER, JOSEPH  
Address 25163 MARION AVE LOT 01  
City-State-Zip: PUNTA GORDA FL 33950

*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: JEROME MCBRIDE**

**PD**

**04/16/2013**

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

\_\_\_\_\_  
Date