## 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48689

Entity Name: BAYSWATER CLOSE AT OLDE HYDE PARK PROPERTY

OWNERS ASSOCIATION, INC.

Mar 25, 2013 **Secretary of State** CC1822315178

**FILED** 

## **Current Principal Place of Business:**

919 S. ROME AVE TAMPA, FL 33606

## **Current Mailing Address:**

919 S ROME AVE **UNIT 19** TAMPA, FL 33606

FEI Number: 59-3125583 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

HORNSTROM, LISSA 919 S ROME AVE UNIT 11 TAMPA, FL 33606 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 Title SD

WORTHINGTON, VERNA TUCKER, PAM Name Name

919 S ROME AVE 1 919 S ROME AVE #16 Address Address

TAMPA FL 33606 City-State-Zip: TAMPA FL City-State-Zip:

Title Title TD

Name RICCIARDI, JOHN HORNSTROM, LISSA Name

Address 919 SOUTH ROME AVE SUITE 15 919 S. ROME AVE #11 Address

City-State-Zip: TAMPA FL 33606 City-State-Zip: TAMPA FL 33606

Title **DIRECTOR** Title D, PRESIDENT

FRESHWATER, WILLIAM Name Name O'SULLIVAN, ELISABETH

Address 919 S ROME AVE Address 919 SOUTH ROME AVE SUITE 6

City-State-Zip: TAMPA FL 33606 City-State-Zip: TAMPA FL 33606

Title DIRECTOR MURPHY, KAY Name

Address 919 S ROME AVE.

#18

City-State-Zip: TAMPA FL 33606

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: LISSA HORNSTROM DIRECTOR, TREASURER