

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

5/1/2006-90316-004-\$61.25-\$61.25

DOCUMENT # 734131

1. Entity Name
BAY VILLA PLACE, INC.



Principal Place of Business
**121 W WHITING ST
TAMPA, FL 33602 US**

Mailing Address
**121 W WHITING ST
TAMPA, FL 33602 US**

FILED

06 JUN -9 PM 12: 22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

01132006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1710805

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOWEY, JOHN R.
121 W WHITING ST
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DS
HOWEY, JOHN
1507 BAY VILLA PLACE
TAMPA, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CONNELLY, SEAN
1511 1/2 BAY VILLA PL
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DT
LAVOY, DAVID A
1511 BAY VILLA PLACE
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
DUTSCHKE, PHYLLIS
1509 BAY VILLA PLACE
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

206/13

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 affidavit, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR

Daytime Phone #

Phyllis Dutschke **Dec 3/30/06 813.251.4811**