

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # 734131	
1. Entity Name BAY VILLA PLACE, INC.	

Principal Place of Business 1507-1511 1/2 S. BAY VILLA PLACE TAMPA FL 33629 US	Mailing Address 1507-1511 1/2 S. BAY VILLA PLACE TAMPA FL 33629 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent	
HOWEY, JOHN R. 121 W WHITING ST TAMPA FL 33602	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 (local address) (NOTE: Registered Agent signature is not required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	P HOWEY, MARIA
STREET ADDRESS	1507 BAY VILLA PLACE
CITY- ST- ZIP	TAMPA FL 33629
TITLE	<input type="checkbox"/> Delete
NAME	D CONNEELY, SEAN
STREET ADDRESS	1511 1/2 BAY VILLA PL
CITY- ST- ZIP	TAMPA FL
TITLE	<input type="checkbox"/> Delete
NAME	D LAVOY, DAVID A
STREET ADDRESS	1511 BAY VILLA PLACE
CITY- ST- ZIP	TAMPA FL
TITLE	<input type="checkbox"/> Delete
NAME	SD DUTSCHKE, PHYLLIS
STREET ADDRESS	1509 BAY VILLA PLACE
CITY- ST- ZIP	TAMPA FL
TITLE	<input type="checkbox"/> Delete
NAME	T GARCIA, ADRIENNE
STREET ADDRESS	1507 1/2 S BAY VILLA PLACE
CITY- ST- ZIP	TAMPA FL 33629
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U000000868748
CITY- ST- ZIP	04/09/08-80023-004 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 address, with all other like empowered.

SIGNATURE: *Adrienne M. Garcia*, Adrienne M. Garcia 3/20/08 813 253-7014