

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90066 025 \*\*\*\*61.25

<b>DOCUMENT # 769283</b> 1. Entity Name BAYTOWNE WEST HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1355 WICKFORD ST SAFETY HARBOR, FL 34695 US			Mailing Address 1355 WICKFORD ST SAFETY HARBOR, FL 34695 US		
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	4. FEI Number <b>59-2395045</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CIANFRONE, JOSEPH 1968 BAYSHORE BLVD DUNNEDIN, FL 34698				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S JOYNER, LEANN <input type="checkbox"/> Delete		TITLE	JOYNES LEANN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1394 WICKSFONT ST.		NAME		
STREET ADDRESS	SAFETY HARBOR, FL 34695		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	T MANNY, MILLIE <input checked="" type="checkbox"/> Delete		TITLE	RICHARD KEISTER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	76 BRIGHTON CT		NAME	58 Brighton Court	
STREET ADDRESS	SAFETY HARBOR, FL 34695		STREET ADDRESS	SAFETY HARBOR, FL 34695	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SD SAUGER, CHRISTINA <input type="checkbox"/> Delete		TITLE		
NAME	27 SUMMIT LANE		NAME		
STREET ADDRESS	SAFETY HARBOR, FL 34695		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DT MANNING, MILDRED <input type="checkbox"/> Delete		TITLE		
NAME	76 BRIGHTON COURT		NAME		
STREET ADDRESS	SAFETY HARBOR, FL 34695		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VP LISOWAY, GARY <input checked="" type="checkbox"/> Delete		TITLE	VP AL ILLUSTRATO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	1384 WICKFORD ST		NAME	166 WICKFORD ST. E	
STREET ADDRESS	SAFETY HARBOR, FL 34695		STREET ADDRESS	SAFETY HARBOR, FL 34695	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Richard Keister</u> <span style="float: right;">1/11/08</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> <span style="float: right;"><small>Daytime Phone #</small></span>					