

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769283

FILED
Feb 16, 2009
Secretary of State

Entity Name: BAYTOWNE WEST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1355 WICKFORD ST
SAFETY HARBOR, FL 34695 US

New Principal Place of Business:

Current Mailing Address:

1355 WICKFORD ST
SAFETY HARBOR, FL 34695 US

New Mailing Address:

FEI Number: 59-2395045

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIANFRONE, JOSEPH
1968 BAYSHORE BLVD
DUNNEDIN, FL 34698 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: JOYNES, LEANN
Address: 1394 WICKSFONT ST.
City-St-Zip: SAFETY HARBOR, FL 34695

Title: T () Delete
Name: KEISTER, RICHARD
Address: 58 BRIGHTON CT
City-St-Zip: SAFETY HARBOR, FL 34695

Title: SD () Delete
Name: SAUGER, CHRISTINA
Address: 27 SUMMIT LANE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: DT () Delete
Name: MANNING, MILDRED
Address: 76 BRIGHTON COURT
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VP () Delete
Name: STRATO, ALILLO
Address: 166 WICKFORD ST E
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: ZIONCE, BONITA
Address: 1374 KITTEY COURT
City-St-Zip: SAFETY HARBOR, FL 34695

Title: T (X) Change () Addition
Name: SULLIVAN, LORI
Address: 1334 WICKFORD
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VP (X) Change () Addition
Name: TOLLE, JOEL
Address: 1393 KITTEY COURT
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D (X) Change () Addition
Name: ILLUSTRATO, ALFRED
Address: 3201 SAN CARLOS STREET
City-St-Zip: CLEARWATER, FL 33759

Title: D (X) Change () Addition
Name: KEISTER, RICHARD
Address: 58 BRIGTON COURT
City-St-Zip: SAFETY HARBOR, FL 34695

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LORI SULLIVAN

T

02/16/2009

Electronic Signature of Signing Officer or Director

Date