

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J61150 (5)
1. Corporation Name
BAY MOBILE HOME PARK HOMEOWNERS ASSOCIATION, INC



Principal Place of Business

MCGARVEY, BABE
LOT 134 BAY MHP
ST. PETERSBURG FL 33705
US

Mailing Address

3049 6TH ST S LOT 177
ST. PETERSBURG FL 33705-3780
US

2. Principal Place of Business

21 LICKMAN Joe
Suite, Apt. #, etc.
22 3049 6TH ST SOUTH LOT 189
City & State
23 ST. PETERSBURG FL
Zip
24 33705 Country
25 PINELLAS

2a. Mailing Address

26 LOT 189 BAY MHP
Suite, Apt. #, etc.
27 3049 6TH ST. S.
City & State
28 ST PETERSBURG, FL
Zip
29 33705 Country
30 PINELLAS

3. Date Incorporated or Qualified
03/10/1987

3a. Date of Last Report
04/09/1996

4. FEI Number
59-2786426

Applied For
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCGARVEY, BABE
3049 6TH ST
LOT 134 BAY MHP
ST. PETERSBURG FL 33705

10. Name and Address of New Registered Agent

81 Name Joe LICKMAN
82 Street Address (P.O. Box Number is Not Acceptable)
3049 6TH ST SOUTH
83 LOT 189 BAY MHP
84 City ST. PETERSBURG FL 85 Zip Code 33705

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Joe Lickman

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04/21/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LICKMAN, JOE	
STREET ADDRESS	3049 6TH ST SOUTH LOT 189	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCGARVEY, BABE	
STREET ADDRESS	3049 6TH ST S LOT 134 BAY MHP	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BOUCHER, ROLAND	
STREET ADDRESS	3049 6TH ST SOUTH, LOT 329, BAY MHP	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BOUDREAU, ROGER	
STREET ADDRESS	3049 6TH ST SOUTH, LOT 317, BAY MHP	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DUNN, MILDRED	
STREET ADDRESS	3049 6TH ST SOUTH, LOT 118, BAY MHP	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WINTERS, LILLIAN	
STREET ADDRESS	3049 6TH ST SOUTH, LOT 126, BAY	
CITY - ST - ZIP	ST. PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D LEGER, LEO
5.3 STREET ADDRESS	LOT 172 BAY MHP 3049 6TH ST. SOUTH
5.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33705
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D MUELLER, MARIANNE
6.3 STREET ADDRESS	LOT 93 BAY MHP 3049 6TH ST. SOUTH
6.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33705

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

CR2E034 (9/96)