

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

FILED

May 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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



Principal Place of Business Mailing Address
3049 6TH SOUTH 3049 6TH STREET S
LOT 331 LOT 331
ST PETERSBURG FL 33705 ST PETERSBURG FL 33705
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	03/10/1987	59-2786426	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Zip	29. Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25. Country	30. Country			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent										
LICKMAN, JOE 3049 6TH STREET SOUTH LOT 189 BAY MHP ST PETERSBURG FL 33705	<table border="1"> <tr> <td>81. Name</td> <td>WALTON Bill</td> </tr> <tr> <td>82. Street Address (P.O. Box Number is Not Acceptable)</td> <td>3049 6TH STREET SOUTH</td> </tr> <tr> <td>83. LOT 331 BAY M.H.P.</td> <td></td> </tr> <tr> <td>84. City</td> <td>ST-PETERSBURG FL</td> </tr> <tr> <td>85. Zip Code</td> <td>33705</td> </tr> </table>	81. Name	WALTON Bill	82. Street Address (P.O. Box Number is Not Acceptable)	3049 6TH STREET SOUTH	83. LOT 331 BAY M.H.P.		84. City	ST-PETERSBURG FL	85. Zip Code	33705
81. Name	WALTON Bill										
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83. LOT 331 BAY M.H.P.											
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 *W. Walton* DATE 24 April 1998
Signature typed or printed name of registered agent and then applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LICKMAN, JOE	1.2 NAME	WALTON Bill
STREET ADDRESS	3049 6TH SOUTH LOT 189	1.3 STREET ADDRESS	3049 6TH ST SOUTH LOT 331
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	ST-PETERSBURG FL 33705
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGARVEY, BABE	2.2 NAME	S PATTEN JOHN
STREET ADDRESS	3049 6TH ST S LOT 134 BAY MHP	2.3 STREET ADDRESS	3049 6TH. ST. SOUTH LOT 305
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	ST-PETERSBURG FL 33705
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUCHER, ROLAND	3.2 NAME	T LEBRUN JEAN
STREET ADDRESS	3049 6TH ST SOUTH, LOT 329, BAY MHP	3.3 STREET ADDRESS	3049 6TH. ST. SOUTH LOT 298
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	ST-PETERSBURG FL 33705
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUDREAU, ROGER	4.2 NAME	
STREET ADDRESS	3049 6TH ST SOUTH, LOT 317, BAY MHP	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEGER, LEO	5.2 NAME	
STREET ADDRESS	LOT 172 BAY MHP 3049 6TH STREET SOUTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUELLER, MARIANNE	6.2 NAME	D CONNELL TOM
STREET ADDRESS	LOT 93 BAY MHP 3049 6TH STREET SOUTH	6.3 STREET ADDRESS	3049 6TH. ST. SOUTH LOT 120
CITY-ST-ZIP	ST PETERSBURG FL	6.4 CITY-ST-ZIP	ST-PETERSBURG FL 33705

14. I 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 *BOUDREAU, ROGER* BOUDREAU, ROGER 11/1/1998

CR2E034 (10/97)