


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90184 040 \*\*\*158.75

<b>DOCUMENT # J72883</b> 1. Entity Name <b>BAYONET POINT VILLAGE HOMEOWNERS ASSN, INC.</b>					
Principal Place of Business <b>11812 EASTON LANE</b> <b>NEW PORT RICHEY, FL 34654 US</b>			Mailing Address <b>11812 EASTON LANE</b> <b>NEW PORT RICHEY, FL 34654 US</b>		
2. Principal Place of Business <b>10817 MALDEN DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>10817 MALDEN DR</b> Suite, Apt. #, etc.			
City & State <b>NEW PORT RICHEY FL</b>		City & State <b>NEW PORT RICHEY FL</b>		4. FEI Number <b>59-2806004</b>	
Zip <b>34654</b>		Country <b>US</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>VAZNELIS, ANTONINA</b> <b>7127 MARINER BLVD.</b> <b>SPRING HILL, FL 34609</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>NOCE, ALICE</b> <b>11812 EASTON LN</b> <b>NEW PORT RICHEY, FL 34654</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DEANE BAUIS</b> <b>10817 MALDEN DR.</b> <b>NEW PORT RICHEY FL 34654</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GEURTS, MARGARET</b> <b>11840 QUINCY DRIVE</b> <b>NEW PORT RICHEY, FL 34654</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>N</b> <b>SIDNEY SMITH</b> <b>11825 POINT BLVD</b> <b>NEW PORT RICHEY FL 34654</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>VERES, ANDREW R</b> <b>11820 EASTON LANE</b> <b>NEW PORT RICHEY, FL 34654</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>REGINALD BULRIS</b> <b>11832 POINT BLVD</b> <b>NEW PORT RICHEY FL 34654</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MARYLYN SHADDOCK</b> <b>11829 POINT BLVD</b> <b>NEW PORT RICHEY FL 34654</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DICK DORNAN</b> <b>11907 POINT BLVD</b> <b>NEW PORT RICHEY FL 34654</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RALPH GOSS</b> <b>11824 BRISTOL LN</b> <b>NEW PORT RICHEY FL 34654</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 607, 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: <u>Deane C BaUIS</u> DEANE BAUIS 2/27/06 727-379-9622</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					