

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90012 045 ***158.75

DOCUMENT # J72883 1. Entity Name BAYONET POINT VILLAGE HOMEOWNERS ASS'N, INC.					
Principal Place of Business 10817 MALDEN DR NEW PORT RICHEY, FL 34654 US			Mailing Address 10817 MALDEN DR NEW PORT RICHEY, FL 34654 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01062007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 59-2806004	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent VAZNELIS, ANTONINA 7127 MARINER BLVD. SPRING HILL, FL 34609				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAVIS, DEANE 10817 MALDEN DR NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, SIDNEY 11825 PT BLVD NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BULRISS, REGINALD 11832 PT BLVD NEW PORT RICHEY, FL 34654	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	T WITCHELL, JOHN 10706 NEEDHAM CT NEW PORT RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHADDUCK, MARYLYN 11829 PT BLVD NEW PORT RICHEY, FL 34654	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	S SHARON SPANN 10721 MALDEN DR NEW PORT, RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORNAN, DICK 11907 PT BLVD NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOSS, RALPH 11824 BRISTOL LANE NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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.					
SIGNATURE: <u>Deane C. Bavis</u> <u>DEANE C. BAVIS</u> <u>2/27/07</u> <u>727-379-9622</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					