

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90064 005 ***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 # 11825 POINT BLVD.		3. Mailing Address Suite, Apt. #, etc.			
City & State NEW PORT RICHEY FL		City & State Suite, Apt. #, etc.			
Zip 34654	Country PASCO	Zip 	Country 	02152008 Chg-P CR2E034 (12/08)	
4. FEI Number 59-2806004				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$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 DEANE BAUIS Street Address (P.O. Box Number is Not Acceptable) 10817 MALDEN DR. City NEW PORT RICHEY FL Zip Code 34654		
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 <u>Deane C Bavis</u> DATE <u>4/2/08</u> Signature, typed or printed name of registered agent and (208) if applicable. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 ☒ Delete BAVIS, DEANE 10817 MALDEN DR NEW PORT RICHEY, FL 34654		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☒ Change ☐ Addition SMITH SIDNEY 11825 POINT BLVD NEW PORT RICHEY FL 34654	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ☒ Delete SMITH, SIDNEY 11825 PT BLVD NEW PORT RICHEY, FL 34654		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ☒ Change ☐ Addition RALPH WALKER 11832 POINT BLVD NEW PORT RICHEY FL 34654	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ☐ Delete MITCHELL, JOHN 10706 NEEDHAM CT. NEW PORT RICHEY, FL 34654		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ☐ Delete SPANN, SHARON 10721MALDEN DR NEW PORT RICHEY, FL 34654		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete DORNAN, DICK 11907 PT BLVD NEW PORT RICHEY, FL 34654		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete GOSS, RALPH 11824 BRISTOL LANE NEW PORT RICHEY, FL 34654		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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>Sharon Spann</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>4-2-08</u> Daytime Phone #		