


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90347 006 ****61.25

DOCUMENT # N02000007992

1. Entity Name
BAY PARK GARDENS HOMEOWNERS' ASSOCIATION INC.



Principal Place of Business
 200 CENTRAL AVENUE
 SUITE 2300
 ST. PETERSBURG, FL 33701

Mailing Address
 200 CENTRAL AVENUE
 SUITE 2300
 ST. PETERSBURG, FL 33701



2. Principal Place of Business
 8327 37th Avenue North
 Suite, Apt. #, etc.

3. Mailing Address
 8327 37th Avenue North
 Suite, Apt. #, etc.

04272004 Chg-NP CR2E037 (10/03)

City & State
 St. Petersburg, FL

City & State
 St. Petersburg, FL

4. FEI Number Applied For
 Not Applicable

Zip Country
 33710 US

Zip Country
 33710 US

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

6. Name and Address of Current Registered Agent
 ROBERSON, ROBIN
 8327 37TH AVENUE NORTH
 ST PETERSBURG, FL 33710

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME BOLDT, STEVEN W STREET ADDRESS 8300 37TH AVENUE NORTH CITY-ST-ZIP ST. PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Delete
TITLE NAME D LYNCH, PAUL L STREET ADDRESS 8300 37TH AVENUE NORTH CITY-ST-ZIP ST. PETERSBURG, FL 33701	<input type="checkbox"/> Delete
TITLE NAME D MARTIN, JULIE STREET ADDRESS 8300 37TH AVENUE NORTH CITY-ST-ZIP ST. PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Delete
TITLE NAME D MAXHEIMER, THELMA STREET ADDRESS 8319 37TH AVENUE NORTH CITY-ST-ZIP ST. PETERSBURG, FL 33710	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME President Paul Larry Lynch STREET ADDRESS 8327 37th Avenue North CITY-ST-ZIP St. Petersburg, FL 33710	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME Vice President Rea Sieber STREET ADDRESS 8200 37th Avenue North CITY-ST-ZIP St. Petersburg, FL 33710	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME Secretary Robin Roberson STREET ADDRESS 8327 37th Avenue North CITY-ST-ZIP St. Petersburg, FL 33710	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME Treasurer Mark Togna STREET ADDRESS 8235 37th Avenue North CITY-ST-ZIP St. Petersburg, FL 33710	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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 617, 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: Robin Roberson **4/27/04** **727-344-3595**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robin Roberson Date Daytime Phone #