FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:09

DOCUMENT # N02922 (5)

1. Corporation Name

BAY PINES MOBILE HOME PARK HOMEOWNERS ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
% WILLIAM HAYKO 10005 BAY PINES BLVD ST. PETERSBURG FL 33708	% WILLIAM HAYKO 10005 BAY PINES BLVD - LOT 851 ST. PETERSBURG FL 33708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/07/1984
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-2869338 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HAYKO, WILLIAM
10005 BAY PINES BLVD., LOT 851
ST. PETERSBURG FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	D	☐ Change ☒ Addition
NAME	HAYKO, WILLIAM	1.2 NAME	HORNBAKER, RAY	
STREET ADDRESS	10005 BAY PINES BV-L851	1.3 STREET ADDRESS	10005 BAY PINES BLVD - LOT 449	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	ST PETERSBURG FL 33708	
TITLE	VP	2.1 TITLE	D	☐ Change ☒ Addition
NAME	O'MARA, ROSE	2.2 NAME	GERBER, JACK	
STREET ADDRESS	10005 BAY PINES BLVD, 16 BIC DR	2.3 STREET ADDRESS	10005 BAY PINES BLVD - LOT 1945	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE	D	☐ Change ☒ Addition
NAME	SHEPARD, DOROTHY	3.2 NAME	REIBER, MARGARET	
STREET ADDRESS	10005 BAY PINES BV-L1014	3.3 STREET ADDRESS	10005 BAY PINES BLVD - LOT 609	
CITY-ST-ZIP	QT. PETERSBURG FL	3.4 CITY-ST-ZIP	ST PETERSBURG FL 33708	
TITLE	PD	4.1 TITLE	D	☐ Change ☒ Addition
NAME	PFLEUGER, HARRIETTE	4.2 NAME	HILLIER, GEORGE	
STREET ADDRESS	10005 BAY PINES BVL1273	4.3 STREET ADDRESS	10005 BAY PINES BLVD - LOT 137	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	ST PETERSBURG FL 33708	
TITLE	T	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BURKHAM, COURT	5.2 NAME	PFLEUGER HARRIETTE	
STREET ADDRESS	10005 BAY PINES BV-[illegible] Lot #8 Bic DR	5.3 STREET ADDRESS	10005 BAY PINES BLVD - LOT 1273	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	ST PETERSBURG FL 33708	
TITLE	D	6.1 TITLE	T	☒ Change ☐ Addition
NAME	VARONE, JOHN	6.2 NAME	BURKHAM, COURT	
STREET ADDRESS	10005 BAY PINES BV-L1601	6.3 STREET ADDRESS	10005 BAY PINES BLVD - LOT 8 BIC DR	
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP	ST PETERSBURG FL 33708	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: WILLIAM J. HAYKO - William J. Hayko 1 FEB 95 813-397-0880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0095004