**NONPROFIT CORPORATION** ANNUAL REPORT



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

19	96

N02922 DOCUMENT #
1. Corporation Name

(5)

BAY PINES MOBILE HOME PARK HOMEOWNERS ASSOCIATIO N. INC.

N, INC.								
Principal Place	of Business	Mailing Address		·····		#8 <b>8 8</b> 14 <b>8 11 8 18 18 18 18 18 18 18 18 18 18</b> 18		
% WILLIAM H	AYKO	% WILLIAM HAYKO						
10005 BAY PI	nes blvd Urg fl. 33708	10006 BAY PINES BLY						
SI. PEIERSB	UNG FL 33708	st. Petersburg fl us	33708		3. Date Incorpo	rated or Qualified	3a. Date of Las	t Report
					05/07/		02/07/	
	ace of Business	2a. Mailing Address			4. FEI Number	-0220	-	Applied For
Suite, Apt. 1	H ata	26			59-286	9330		Not Applicable
22 Suite, Apr. 1	, etc.	Suite, Apt. #, etc.			5. Certificate of	Status Desired		5 Additional Required
City & State		City & State			6. Election Cam	naion Financino		00 May Be
23		28			Trust Fund C			ed to Fees
Zip	Country	Zip	Countr	У		tion has liability for int		s. 199.032,
24	25 9. Name and Address of Curren	29	30		Florida Statut		Yes No	
	3. Notice and Address of Carrell	Hogistorou Agent	81	Name	TU, Name and A	Address of New Reg	Biereled Wäsut	
HAYKO,	WILLIAM				(5.6.6. )			
	AY PINES BLVD., LOT 851		82	Street	Address (P.O. Box Numb	er is Not Acceptable)	)	
ST. PETE	ersburg fl		83					
			84	City			85 2	ip Code
				,	*****		FLI	·
or redister	o the provisions of Sections 617.0502 ed agent, or both, in the State of Florid	a. Such change was authori:	zed hy the con	named co coration's	orporation submits this state board of directors. I here	atement for the purpo by accept the appoin	ose of changing its ntment as registere	registered office d agent. I am
Jariillar Wit	h, and accept the obligations of, Section	on 617.0503, Florida Statute	S.				_	
SIGNATURE _	Signature, typed or printed name of registered agent a	and title if applicable. (N	OTE: Registered Age	int signature re	equired when reinstating)		DATE	<del></del>
12.	OFFICERS AND		13.		ADDITIONS/0	CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12
TITLE	PD Hayko, William	DELETE	1.1 TITLE				☐ Change	☐ Addition
NAME CYCCET ADDRESS	10005 BAY PINES BV-L851		1.2 NAME					
STREET ADDRESS CITY-ST-ZIP	ST. PETERSBURG FL			T ADDRESS				
TITLE	VP	DELETE	1.4 CITY - 2.1 TITLE	51 - ZIP		***	Change	Addition
NAME	O'MARA, ROSE	•	2.2 NAME					
STREET ADDRESS	10005 BAY PINES BLVD, 16 B	IC DR	2.3 STREE	T ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL		2. 4 CITY-	ST-ZIP				
TITLE	s Shepard, dorothy	<b>⊠</b> D€LETE	3.1 TITLE		SECRE TARY BARBARA	/ A A = 4 + 4 €	Change	Addition
NAME STUSSY ADDRESS	10005 BAY PINES BV-L1014		3.2 NAME		10005 BAY PIN	IER ALUDA I	1924	
STHEFT ADDRESS   CITY-ST-ZIP	QT. PETERSBURG FL		3.3 STREE		ST PETERSB	NOC EL	22706	
TITLE	D	DELETE	4.1 TITLE	51-ZIP	21 15 15 43 6	URG PL	Change	☐ Addition
NAME	PFLEUGER, HARRIETTE	_	4. 2 NAME					
STREET ADDRESS	10005 BAY PINES BVL1273		4.3 STREE	T ADDRESS				
C-TY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-	ST-ZIP				
TITLE	THE PRINCIPLE OF THE PR	DELETE	5.1 TITLE				Change	☐ Addition
NAME Papers Apparen	BURKHAM, COURT 10005 BAY PINES BLVD LOT	R RIC DR	5.2 NAME					
STREET ADDRESS DITY-ST-ZIP	ST. PETERSBURG FL	J DIO DI		T ADDRESS				
TITLE	D	DELETE	54 CITY- 61 TITLE	31-211		- marin	☐ Change	☐ Addition
NAME	VARONE, JOHN		62 NAME				L Originge	
STREET ADDRESS	10005 BAY PINES BV-L1681			T ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL		64 CITY-	ST-ZIP				
<ol><li>14. I do hereb</li></ol>	certify that the information supplied w	ith this filing is voluntarily fur	nished and doe	as not qua	lify for the exemption stal	ted in Section 119 07	7/3)/k) Florida Stati	ites I further

28 Jan 96 813-397-0880
Date Daytine Phone #

CR2E037 (12/95)