## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARIMENT OF STATE

FILED

Mar 14 1997 8:00am

Secretary of State

96/6)

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # N02922

ST. PETERSBURG FL

CITY-ST-ZIP

BAY PINES MOBILE HOME PARK HOMEOWNERS ASSOCIATIO

Principal Place of Business Mailing Address % WILLIAM HAYKO % WILLIAM HAYKO 10005 BAY PINES BLVD LOT 851 10005 BAY PINES BLVD ST. PETERSBURG FL 33708 ST. PETERSBURG FL 33708-3244 3. Date Incorporated or Qualified 05/07/1984 3a. Date of Last Report 02/01/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2869338 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired  $\Box$ Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HAYKO, WILLIAM 82 Street Address (P.O. Box Number is Not Acceptable) 10005 BAY PINES BLVD., LOT 851 83 ST. PETERSBURG FL 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 617 0502 and 617 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 617.0503, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE PD 11 TITLE Change Addition NAME HAYKO, WILLIAM 1.2 NAME 10005 BAY PINES BV-L851 STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TIME NAME O'MARA, ROSE 2.2 NAME STREET ADDRESS 10005 BAY PINES BLVD, 16 BIC DR 23 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 2.4 CITY-ST-ZIP **X** DELETE Addition TITLE 3.1 TITLE BODDY, VIRGINIA 10005 BAY PINES BLVD- L1938 NAME ARTHURS, BARBARA 3.2 NAME STREET ADDRESS 10005 BAY PINES BLVD, L1934 3.3 STREET ADDRESS FT PETERSBURG FL 33708 CITY-ST-ZIP ST. PETERSBURG FL 3.4. CITY - ST - ZIP DELETE Addition TITLE D 4.1 TITLE HORNBAKER, RAY 10005 BAY PINES BLVD-L669 PFLEUGER, HARRIETTE NAME 4 2 NAME 10005 BAY PINES BVL1273 STREET ADDRESS 4.3 STREET ADDRESS ST PETERSBURG FL 33708 ST. PETERSBURG FL 4.4 CITY - S1 - ZIP CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE BURKHAM, COURT NAME 5.2 NAME 10005 BAY PINES BLVD LOT 8 BIC DR STREET ADDRESS 5.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 61 TITLE Change NAME VARONE, JOHN 6.2 NAME STREET ADDRESS 10005 BAY PINES BV-L1681 6.3 STREET ADDRESS

appears in Block 12 or Block 13 if changed, or on an attachment with an address POES Q

6.4 CITY - ST - ZIP 14. I do 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 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