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Apr 03 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

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
US

3. Date Incorporated or Qualified

05/07/1984

4. FEI Number

59-2669338

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

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 ☐ DELETE

NAME HAYKO, WILLIAM
STREET ADDRESS 10005 BAY PINES BV-L851
CITY-ST-ZIP ST. PETERSBURG FL

1.1 TITLE ☐ Change ☐ Addition

TITLE VP ☐ DELETE

NAME O'MARA, ROSE
STREET ADDRESS 10005 BAY PINES BLVD, 18 BIC DR
CITY-ST-ZIP ST. PETERSBURG FL

1.2 NAME ☐ Change ☐ Addition

TITLE S ☒ DELETE

NAME BODDY VIRGINIA
STREET ADDRESS 10005 BAY PINE BLVD L1938
CITY-ST-ZIP ST. PETERSBURG FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME HORNBAKER RAY
STREET ADDRESS 10005 BAY PINES BLVD L860
CITY-ST-ZIP ST. PETERSBURG FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T ☒ DELETE

NAME BURKHAM, COURT
STREET ADDRESS 10005 BAY PINES BLVD LOT 8 BIC DR
CITY-ST-ZIP ST. PETERSBURG FL

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME VARONE, JOHN
STREET ADDRESS 10005 BAY PINES BV-L1681
CITY-ST-ZIP ST. PETERSBURG FL

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE SECRETARY ☒ Change ☒ Addition
3.2 NAME JOHN SMITH
3.3 STREET ADDRESS 10005 BAY PINES BLVD-LOT 1159
3.4 CITY-ST-ZIP ST PETERSBURG FL 33708

4.1 TITLE TREASURER ☒ Change ☒ Addition
4.2 NAME JIL CROSSMAN
4.3 STREET ADDRESS 10005 BAY PINES BLVD-LOT 161
4.4 CITY-ST-ZIP ST PETERSBURG FL 33708

14. 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 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 Hayko* REQUIRED

30 MAR 98

912-347-1984

CR2E037 (10/97)