

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90087 036 ****61.25

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DOCUMENT # N02922

1. Corporation Name

BAY PINES MOBILE HOME PARK HOMEOWNERS ASSOCIATIO
N, INC.

Principal Place of Business

% WILLIAM HAYKO
10005 BAY PINES BLVD
ST. PETERSBURG FL 33708

Mailing Address

% WILLIAM HAYKO
10005 BAY PINES BLVD LOT 851
ST. PETERSBURG FL 33708
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

05/07/1984

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

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 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

TITLE PD ☐ DELETE

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

TITLE VP ☐ DELETE

NAME O'MARA, ROSE
STREET ADDRESS 10005 BAY PINES BLVD, 16 BIC DR
CITY-ST-ZIP ST. PETERSBURG FL

TITLE S ☐ DELETE

NAME SMITH, JOHN
STREET ADDRESS 10000 S BAY PINES BLVD, LOT 1159
CITY-ST-ZIP ST. PETERSBURG FL 33708

TITLE D ☒ DELETE

NAME HORNBAKER RAY
STREET ADDRESS 10005 BAY PINES BLVD L669
CITY-ST-ZIP ST. PETERSBURG FL

TITLE T ☒ DELETE

NAME CROSSMAN, JIL
STREET ADDRESS 1000 S BAY PINES BLVD, LOT 161
CITY-ST-ZIP ST. PETERSBURG FL 33708

TITLE D ☐ DELETE

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DIRECTOR
JOHN GERBER
10005 BAY PINES BLVD- LOT 1965
ST PETERSBURG FL 33708

DIRECTOR
DAVID COSTELLO
10005 BAY PINES BLVD- LOT 431
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, with all other like empowered.

SIGNATURE:

William Hayko
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 Feb 99

Date

727-397-0880

Daytime Phone #

CR2E037 (11/98)