

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90010 050 \*\*\*\*61.25

0042066

**DOCUMENT # N02922**

1. Entity Name

**BAY PINES MOBILE HOME PARK HOMEOWNERS ASSOCIATION, 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2869338**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	HAYKO, WILLIAM	
STREET ADDRESS	10005 BAY PINES BLVD-L851	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	O'MARA, ROSE	
STREET ADDRESS	10005 BAY PINES BLVD, 16 BIC DR	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WALKINSHAW, JOHN	
STREET ADDRESS	10005 BAY PINES BLVD LOT 240	
CITY-ST-ZIP	SAINT PETERSBURG FL 33708	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GERBER, JOHN	
STREET ADDRESS	10005 BAY PINES BLVD LOT 1965	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	
TITLE	D	<input type="checkbox"/> Delete
NAME	COSTELLO, DAVID D	
STREET ADDRESS	10005 BAY PINES BLVD LOT 431	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARRANGER, SHEILA	
STREET ADDRESS	10005 BAY PINES BLVD LOT 1195	
CITY-ST-ZIP	SAINT PETERSBURG FL 33708	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORCORAN, TOM	
STREET ADDRESS	10005 BAY PINES BLVD-LOT 1937	
CITY-ST-ZIP	ST PETERSBURG, FL 33708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 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

6 Mar 2002 - 727-397-0880  
 Date Daytime Phone #

CR2E037 (9/01)