

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90123 022 \*\*\*\*61.25

**DOCUMENT # N02922**

1. Entity Name

**BAY PINES MOBILE HOME PARK HOMEOWNERS ASSOCIATION, 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

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HAYKO, WILLIAM	
STREET ADDRESS	10005 BAY PINES BV-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 checked="" type="checkbox"/> Delete
NAME	WALKINSHAW, JOHN	
STREET ADDRESS	10005 BAY PINES BLVD LOT 240	
CITY-ST-ZIP	SAINT PETERSBURG FL 33708	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORCORAN, TOM	
STREET ADDRESS	16005 BAY PINES BLVD LOT 1937	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY
STREET ADDRESS	JOHN SMITH
CITY-ST-ZIP	10005 BAY PINES BLVD-LOT 1159 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	
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 **REQUIRED**

9 MAR 2003 727-397-0880

CR2E037 (10/02)