# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2008**
**Secretary of State**

DOCUMENT# N04000002734

**Entity Name:** TOWNHOMES OF BAY PORT COLONY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2630 S. FALKENBURG RD.
RIVERVIEW, FL 33569

**New Principal Place of Business:**

5955 T.G. LEE BLVD
SUITE 300
ORLANDO, FL 32822

**Current Mailing Address:**

C/O LELAND MANAGEMENT
8009 S ORANGE AVE
ORLANDO, FL 32809

**New Mailing Address:**

5955 T.G. LEE BLVD
SUITE 300
ORLANDO, FL 32822

**FEI Number: 20-1675237** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LELAND MANAGEMENT
8009 S ORANGE AVE
ORLANDO, FL 32809 US

**Name and Address of New Registered Agent:**

LELAND MANAGEMENT
5955 T.G. LEE BLVD.
SUITE 300
ORLANDO, FL 32822 US

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: _____ 04/29/2008
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: SUAREZ, TROY
Address: 11527 DECLARATION DRIVE
City-St-Zip: TAMPA, FL 33635

Title: VP ( ) Delete
Name: BENTROVATO, RENEE
Address: 11659 DECLARATION DRIVE
City-St-Zip: TAMPA, FL 33635

Title: S ( ) Delete
Name: CASTRO, MIKE
Address: 8935 EASTMAN DRIVE
City-St-Zip: TAMPA, FL 33626

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: BRADBERRY, DOUG
Address: 11560 DECLARATION DR
City-St-Zip: TAMPA, FL 33635

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TROY SUAREZ P 04/29/2008
Electronic Signature of Signing Officer or Director — Date