


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90059 016 ****70.00

DOCUMENT # N04000004275	
1. Entity Name BAYONET POINT VILLAGE CO-OP, INC.	

Principal Place of Business 10705 MALDEN DR. NEW PORT RICHEY, FL 34654	Mailing Address 10705 MALDEN DR. NEW PORT RICHEY, FL 34654
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04082005 Chg-NP CR2E037 (10/03)

4. FEI Number 55-0866707	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BERNSTEIN, DAVID'S ESQ. 150 SECOND AVE. NORTH, 17TH FLOOR ST. PETERSBURG, FL 33701	7. Name and Address of New Registered Agent Name Joseph R. Cianfrone, P. A. Street Address (P.O. Box Number is Not Acceptable) 1964 Bayshore Boulevard City Dunedin, FL Zip Code 34698
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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 *Joseph R. Cianfrone P.A.* DATE *4/11/05*

Signature copied or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAPIZZO, JOHN 11818 QUINCY DR. NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELLER, MARIE 11829 Easton Ln. New Port Richey, FL 34654 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, JAMES 11815 QUINCY DR. NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AYERS, ROBERT 10824 Malden Dr. New Port Richey, FL 34654 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOSTIC, NANCY 10709 QUINCY DR. NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOLI, WILLA 11902 Bristol Ln. New Port Richey, FL 34654 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FUCCI, ELIZABETH 10708 HYANNIS CT. NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAPIZZO, JOHN 11816 Quincy Dr. New Port Richey, FL 34654 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, MARY L 11833 BRISTOL LANE NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEADY, GLENN 10709 Groton Ct. New Port Richey, FL 34654 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Marie Beller* **MARIE BELLER** DATE *4/19/05* 727-856-4941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #