


**2006 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

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



**FILED**

06 JUN -2 AM 9:33

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business  
 10705 MALDEN DR.  
 NEW PORT RICHEY, FL 34654

Mailing Address  
 10705 MALDEN DR.  
 NEW PORT RICHEY, FL 34654

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

05252006 Chg-NP CR2E037 (4/06)

4. FEI Number  
 55-0866707

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 CIANFRONE, JOSEPH R P A  
 1964 BAYSHORE BLVD  
 DUNEDIN, FL 34698

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

100076164271  
 06/14/06--01005--033 \*\*70.00

Amended AR 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELLER, MARIE 11829 EASTON LANE NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AYERS, ROBERT 10824 MALDEN DR NEW PORT RICHEY, FL 34654 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AYERS, ROBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10825 NEWTON CT NEW PORT RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOLI, WILLA 11902 BRISTOL LANE NEW PORT RICHEY, FL 34654 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAPIZZO, JOHN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11816 QUINCY DR NEW PORT RICHEY FL 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAPIZZO, JOHN <input checked="" type="checkbox"/> Delete 11816 QUINCY DR NEW PORT RICHEY, FL 34654	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEADY GLENN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10709 GROTON CT NEW PORT, RICHEY FL 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEADY, GLENN <input checked="" type="checkbox"/> Delete 10709 GROTON CT NEW PORT RICHEY, FL 34654	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAROLD VERSPRILLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11840 POINT BLVD NEW PORT RICHEY, FL 34654
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 2C 618

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 5/26/06 737-856-4941

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