


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90028 025 ****61.25

DOCUMENT # N04000004275

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



Principal Place of Business
 5901 U.S. 19
 SUITE 7Q
 NEW PORT RICHEY, FL 34652 US

Mailing Address
 5901 U.S. 19
 SUITE 7Q
 NEW PORT RICHEY, FL 34652 US



2. Principal Place of Business - No P.O. Box #
10730 FALMOUTH Ct.

3. Mailing Address
10730 FALMOUTH Ct.

Suite, Apt. #, etc.

02082008 Chg-NP CR2E037 (12/06)

City & State
NEW PORT RICHEY, FL

City & State
NEW PORT RICHEY, FL

Zip Country
34654

Zip Country
34654

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

QUALIFIED PROPERTY MANAGEMENT, INC.
 5901 U.S. 19
 SUITE 7Q
 NEW PORT RICHEY, FL 34652

7. Name and Address of New Registered Agent

Name
Wm. R. DEMERS + Co, CPAs, PA

Street Address (P.O. Box Number is Not Acceptable)
8211 S.R. 52

City
HUDSON

FL Zip Code
34667

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 *William R. Demers* **WILLIAM R. DEMERS** **2-11-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BALLARD, BUD 5901 U.S. 19 NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PHILLIPS, JOEL 5901 U.S. 19 NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, MARY 5901 U.S. 19 NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD UGRIN, ROSE 5901 U.S. 19 NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERSPRILLE, HAROLD 5901 U.S. 19 NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10730 Falmouth Ct New Port Richey, FL 34654	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10730 Falmouth Ct New Port Richey, FL 34654	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD 10730 Falmouth Ct New Port Richey, FL 34654	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD 10730 Falmouth Ct New Port Richey, FL 34654	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10730 Falmouth Ct New Port Richey, FL 34654	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10730 Falmouth Ct New Port Richey, FL 34654	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **2/12/08** **727-886-7053**

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