

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004275

FILED  
Mar 09, 2009  
Secretary of State

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

**Current Principal Place of Business:**

10730 FALMOUTH CT  
NEW PORT RICHEY, FL 34654 US

**New Principal Place of Business:**

**Current Mailing Address:**

10730 FALMOUTH CT  
SUITE 7Q  
NEW PORT RICHEY, FL 34654 US

**New Mailing Address:**

10730 FALMOUTH CT  
NEW PORT RICHEY, FL 34654 US

FEI Number: 55-0866707

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLIAM R. DEMERS & CO, CPA'S, PA  
8211 S.R. 52  
HUDSON, FL 34667 US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BALLARD, BUD  
Address: 10730 FALMOUTH CT  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: VD ( ) Delete  
Name: PHILLIPS, JOEL  
Address: 10730 FALMOUTH CT  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: SD ( ) Delete  
Name: SMITH, MARY  
Address: 10730 FALMOUTH CT  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: TD ( ) Delete  
Name: UGRIN, ROSE  
Address: 10730 FALMOUTH CT  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: D ( ) Delete  
Name: VERSPRILLE, HAROLD  
Address: 10730 FALMOUTH CT  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

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

Title: PD (X) Change ( ) Addition  
Name: PHILLIPS, JOEL  
Address: 10730 FALMOUTH CT  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: VD (X) Change ( ) Addition  
Name: SMITH, MARY  
Address: 10730 FALMOUTH CT  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: SD (X) Change ( ) Addition  
Name: FETCHO, JOAN  
Address: 10730 FALMOUTH CT  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: TD (X) Change ( ) Addition  
Name: D'ALLEVA, PATRICIA  
Address: 10730 FALMOUTH CT  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

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

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: JOEL PHILLIPS

PRES

03/09/2009

Electronic Signature of Signing Officer or Director

Date