

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004275

**FILED**  
**Mar 08, 2010**  
**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  
NEW PORT RICHEY, FL 34654 US

**New Mailing Address:**

**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  
Name: PHILLIPS, JOEL  
Address: 10730 FALMOUTH CT  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: VD  
Name: DAWSON, GERALD  
Address: 10730 FALMOUTH CT  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: SD  
Name: D'ALLEVA, PATRICIA  
Address: 10730 FALMOUTH CT  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: TD  
Name: TAYLOR, VINCE  
Address: 10730 FALMOUTH CT  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

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

I hereby 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 all other like empowered.

SIGNATURE: JOEL PHILLIPS

PRES

03/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date