


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

04-15-2005 90100 043 \*\*\*\*61.25

<b>DOCUMENT # N04244</b>					
1. Entity Name BAYPORT WEST HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O THE TROWBRIDGE CO PO BOX 273708 TAMPA, FL 33688 US			Mailing Address PO BOX 273708 TAMPA, FL 33688		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2446384	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THE TROWBRIDGE COMPANY, INC. THE TROWBRIDGE CO INC 3421 VALLEY RANCH DR LUTZ, FL 33549			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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORGSTROM, RICHARD		NAME		
STREET ADDRESS	7051 SILVERMILL DR		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, LAWRENCE		NAME		
STREET ADDRESS	7055 SILVERMILL DR		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAZQUEZ, EVELYN		NAME		
STREET ADDRESS	7017 WESTMINSTER ST.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORMICK, DON		NAME	MCCORMICK, DON	
STREET ADDRESS	7011 SILVERMILL DRIVE		STREET ADDRESS	7011 SILVERMILL DRIVE	
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP	TAMPA, FL 33635	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, MANNY		NAME	CHUMENTI, AL	
STREET ADDRESS	7018 DRURY STREET		STREET ADDRESS	10840 VENICE CIRCLE	
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP	TAMPA, FL 33635	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Richard O. Borgstrom</u> RICHARD O. BORGSTROM PRES 4-6-05 891-1948					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					



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