2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 02, 2007 8:00 am Secretary of State DOCUMENT # N04244 1. Entity Name 03-02-2007 90024 032 ****61.25 BAYPORT WEST HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address C/O THE TROWBIDGE CO PO BOX 273708 PO BOX 273708 TAMPA FL 33688 **TAMPA FL 33688** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-2446384 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE TROWBRIDGE COMPANY, INC. Street Address (P.O. Box Number is Not Acceptable) 3421 VALLEY RANCH DR LUTZ FL 33549 City 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 lamiliar 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE D ☐ Delete THE ☐ Change ☐ Addition BORGSTROM, RICHARD NAMI STREET ADDRESS 7051 SILVERMILL DR STREET ADDRESS CITY - ST- 7/P TAMPA FL 33635 CITY-ST-ZIP THE ☐ Delete ☐ Change ☐ Addition NAME BROWN, LAWRENCE NAME STREET ADDRESS 7055 SILVERMILL DR STREET ADDRESS CITY ST-ZIP CITY - ST - ZIP **TAMPA FL 33635** Delete DILE TIRE ☐ Change Addition NAME NAME VAZQUEZ, EVELYN STREET ADDRESS STREET ADDRESS 7017 WESTMINSTER ST. CITY-ST-7IP CITY-ST-ZIP TAMPA FL 33635 THUE 11100 ☐ Addition VPD ☐ Delete ☐ Change NAMI BARNES, ELAINE STREET ADDRESS STREET ADDRESS 2053 SLIVERMILL DR CITY-ST-ZIP CITY - ST - ZIP **TAMPA FL 33635** TITLE Delele IIIL Change Change ☐ Addition PAULK, H. BROOKS NAME CHUMNETI, AL NAME 10812 YOU'CE CIRCLU STREET ADDRESS 10840 VENICE CIRCLE STREET ADDRESS CITY-S1-ZIP **TAMPA FL 33635** CITY-ST-ZIP TITLE ☐ Delete HITLE Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

21Fc6 07

Daytime Phone i

FILED