


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90075 025 ****61.25

DOCUMENT # N04244

1. Entity Name
BAYPORT WEST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**C/O THE TROWBIDGE CO
 PO BOX 273708
 TAMPA, FL 33688 US**

Mailing Address
**PO BOX 273708
 TAMPA, FL 33688**


50001426

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country



02262008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2446384

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THE TROWBRIDGE COMPANY, INC.
 3421 VALLEY RANCH DR
 LUTZ, FL 33549**

7. Name and Address of New Registered Agent

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

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	D	<input type="checkbox"/> Delete
NAME	BORGSTROM, RICHARD	
STREET ADDRESS	7051 SILVERMILL DR	
CITY-ST-ZIP	TAMPA, FL 33635	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BROWN, LAWRENCE	
STREET ADDRESS	7055 SILVERMILL DR	
CITY-ST-ZIP	TAMPA, FL 33635	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VAZQUEZ, EVELYN	
STREET ADDRESS	7017 WESTMINSTER ST.	
CITY-ST-ZIP	TAMPA, FL 33635	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BARNES, ELAINE	
STREET ADDRESS	2053 SILVERMILL DR	
CITY-ST-ZIP	TAMPA, FL 33635	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROOKS, PAUL H	
STREET ADDRESS	10812 VENICE CIRCLE	
CITY-ST-ZIP	TAMPA, FL 33635	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2053 SILVERMILL DR.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Richard Borgstrom* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____