

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04244

FILED
Mar 17, 2009
Secretary of State

Entity Name: BAYPORT WEST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O THE TROWBIDGE CO
PO BOX 273708
TAMPA, FL 33688 US

New Principal Place of Business:

10801 VENICE CIRCLE
TAMPA, FL 33635

Current Mailing Address:

PO BOX 273708
TAMPA, FL 33688

New Mailing Address:

FEI Number: 59-2446384 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE TROWBRIDGE COMPANY, INC.
3421 VALLEY RANCH DR
LUTZ, FL 33549 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: BORGSTROM, RICHARD
Address: 7051 SILVERMILL DR
City-St-Zip: TAMPA, FL 33635

Title: VD () Delete
Name: BROWN, LAWRENCE
Address: 7055 SILVERMILL DR
City-St-Zip: TAMPA, FL 33635

Title: TD () Delete
Name: VAZQUEZ, EVELYN
Address: 7017 WESTMINSTER ST.
City-St-Zip: TAMPA, FL 33635

Title: D () Delete
Name: BARNES, ELAINE
Address: 2053 SILVERMILL DR
City-St-Zip: TAMPA, FL 33635

Title: SD () Delete
Name: BROOKS, PAUL H
Address: 10812 VENICE CIRCLE
City-St-Zip: TAMPA, FL 33635

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PAULK, BROOKS H
Address: 10812 VENICE CIRCLE
City-St-Zip: TAMPA, FL 33635

Title: VD (X) Change () Addition
Name: TENUTA, KAY
Address: 7031 SILVERMILL DR
City-St-Zip: TAMPA, FL 33635

Title: TD (X) Change () Addition
Name: BROWN, LAWRENCE
Address: 7055 SILVERMILL DRIVE
City-St-Zip: TAMPA, FL 33635

Title: SD (X) Change () Addition
Name: BRADFORD, SHAWN
Address: 6911 SILVERMILL DR
City-St-Zip: TAMPA, FL 33635

Title: D (X) Change () Addition
Name: BARNES, ELAINE
Address: 2053 SILVEDRMILL DRIVE
City-St-Zip: TAMPA, FL 33635

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: H. BROOKS PAULK

PD

03/17/2009

Electronic Signature of Signing Officer or Director

_____ Date