

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90817 009 ****61.25

40092018



01172007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-3920480
Applied For
Not Applicable

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

DOCUMENT # N05000012013

1. Entity Name
BAYONNE II PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
2020 CLUBHOUSE DRIVE
SUN CITY CENTER, FL 33573

Mailing Address
2020 CLUBHOUSE DRIVE
SUN CITY CENTER, FL 33573

2. Principal Place of Business - No P.O. Box #
409 E. College Ave

3. Mailing Address
P.O. Box 1058

Suite, Apt. #, etc.
Ruskin, FL

City & State
Ruskin, FL 33570

City & State
Ruskin, FL

Zip
33570

Country

Zip
33575

Country

6. Name and Address of Current Registered Agent
HASTINGS, VIVIEN N
2020 CLUBHOUSE DRIVE
SUN CITY CENTER, FL 33573

7. Name and Address of New Registered Agent
Name
Lora Ellen Wilson
Street Address (P.O. Box Number is Not Acceptable)
409 E. College Ave
City
Ruskin FL Zip Code
33570

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, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LUPER, JOHN 2020 CLUBHOUSE DRIVE SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O/P Ken STEPHENS 815 Regal Manor Way Sun City Center, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NELSON, GARY 2020 CLUBHOUSE DRIVE SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O/V/P Clifford BEAUMARD 903 Regal Manor Way Sun City Center, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KEITH, SYLVIA 2020 CLUBHOUSE DRIVE SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O/T ROE DENTON 811 Regal Manor Way Sun City Center, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O/S HARRIET Ziegler 820 Regal Manor Way Sun City Center, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O William BURNS 810 King Leon Way Sun City Center, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Ken Stephens 4/12/07 (813) 645-1529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #