

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07712

FILED
Apr 10, 2009
Secretary of State

Entity Name: HOMEOWNERS OF BAY PALMS M.H.P., INC.

Current Principal Place of Business:

25163 MARION AVENUE
BOX 4
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

Current Mailing Address:

25163 MARION AVENUE
BOX 4
PUNTA GORDA, FL 33950 US

New Mailing Address:

FEI Number: 59-2498046 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERRITT, ROBERT W
25163 MARION AVE #42
BAY PALMS M.H.P.
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

MCMASTER, SANDRA L
25163 MARION AVE #33
BAY PALMS M.H.P.
PUNTA GORDA, FL 33950 US

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: SANDRA MCMASTER

04/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: MORRIS, JIM
Address: 25163 MARION AVE, LOT 22
City-St-Zip: PUNTA GORDA, FL 33950

Title: PD () Delete
Name: GRICE, EARL
Address: 25163 MARION AVE, LOT 5
City-St-Zip: PUNTA GORDA, FL

Title: TD () Delete
Name: MERRITT, ROBERT W
Address: 25163 MARION AVE LOT #42
City-St-Zip: PUNTA GORDA, FL 33950

Title: VPD () Delete
Name: CONNOLLY, RAY
Address: 25163 MARION AV LOT 23
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: MCMASTER, SANDY
Address: 25163 MARION AVE, LOT 33
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: MCMASTER, SANDRA L
Address: 25163 MARION AVE LOT #33
City-St-Zip: PUNTA GORDA, FL 33950

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MC BRIDE, JEROME
Address: 25163 MARION AVE, LOT 32
City-St-Zip: PUNTA GORDA, FL 33950

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: SANDRA MCMASTER

TREA

04/10/2009

Electronic Signature of Signing Officer or Director

Date