

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07712

FILED
Feb 09, 2011
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:

MCMASTER, SANDRA L
25163 MARION AVE #33
BAY PALMS M.H.P.
PUNTA GORDA, FL 33950 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: SD
Name: GARRETT, BETHANY
Address: 25163 MARION AVE, LOT 18
City-St-Zip: PUNTA GORDA, FL 33950

Title: PD
Name: CONNOLLY, RAYMOND
Address: 25163 MARION AVE, LOT 23
City-St-Zip: PUNTA GORDA, FL 33950

Title: D
Name: GRICE, EARL L
Address: 25163 MARION AVE LOT 05
City-St-Zip: PUNTA GORDA, FL 33950

Title: VPD
Name: MCBRIDE, JEROME
Address: 25163 MARION AV LOT 23
City-St-Zip: PUNTA GORDA, FL 33950

Title: D
Name: FAXON, RALPH
Address: 25163 MARION AVE, LOT 10
City-St-Zip: PUNTA GORDA, FL 33950

Title: D
Name: SAPHNER, JOSEPH
Address: 25163 MARION AVE LOT 01
City-St-Zip: PUNTA GORDA, FL 33950

I hereby 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 all other like empowered.

SIGNATURE: SANDRA L MCMASTER

TREA

02/09/2011

Electronic Signature of Signing Officer or Director

_____ Date