


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**


04-06-2006 90020 029 \*\*\*\*61.25

<b>DOCUMENT # N19460</b>	
1. Entity Name BAY VISTA PROPERTY OWNERS ASSOCIATION, INC.	

Principal Place of Business 3111 W MLK JR BLVD STE 300 RALEIGH, NC 27604 US	Mailing Address 3100 SMOKETREE CT STE-600 RALEIGH, NC 27604 US
--	---

**DO NOT WRITE IN THIS SPACE**

40070 -



03202006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3015804	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MEYERS, STEPHEN A  
%HIGHWOODS PROPERTIES  
3111 W MLK JR BLVD STE-300  
TAMPA, FL 33607

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

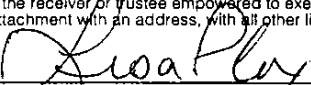
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP STROUD, NANCY Florsky, Tami 3111 W MLK JR BLVD, STE-300 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GRIMM, ALICE 3111 W. MLK JR BLVD, SUITE 300 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP GOODWIN, BENJAMIN B 5350 TECH DATA DRIVE CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MULLET, CHERYL Cox, Lisa 3111 W MLK JR BLVD., SUITE 300 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COX, LISA 3111 W. MLK JR BLVD., SUITE 300 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**  **3/22/06** **813-874-7000**

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