

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPT. OF STATE
Sandra M. Murrain
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:31

DOCUMENT # **N28109** (9)

1. Corporation Name
BAY PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
P.O. BOX 1023 WINDERMERE FL 34786 US
P.O. BOX 1023 WINDERMERE FL 34786 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/29/1988** 3a. Date of Last Report **04/04/1994**
4. FEI Number **59-2921203** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
**WEAN, PAUL L
% BECKER & POLIAKOFF, P.A.
.901 N. LAKE DESTINY DR., #145
MAITLAND FL 32751**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SWIREN, BRUCE 8018 OLD TOWN DR ORLANDO FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V STANLEY, GEORGE 8777 GRANDDALE DR ORLANDO FL <i>Juan Lopez 8049 Old Town Dr Orlando, FL</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BARAN, CARMAN 8008 RURAL RETREAT COURT ORLANDO FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MARCoux, ROBERT 5643 CRAINDALE DRIVE ORLANDO FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S STANLEY, SUZANNE 8777 GRANDDALE DR ORLANDO FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	D/P Swiren Bruce 8018 OLD TOWN DRIVE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	Vice President Juan Lopez 8049 Old Town Dr, Orlando, FL 32919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	D/V Baran, Carman 8008 Rural Retreat Orlando, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	D/T marcoux Robert 5643 Craindale Dr. Orlando, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	Secretary Kathy Miller 5625 Craindale Dr Orlando, FL 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert J. Marcoux* Treasurer **4/12/95** 407 423 9049