

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**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

3. Date Incorporated or Qualified **08/29/1988** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	<b>59-2921203</b>	Not Applicable
23	City & State	City & State	28	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	Country	29	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25			30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WEAN, PAUL L <del>% BECKER &amp; POLIAKOFF, P.A.</del> 901 N. LAKE DESTINY DR., #145 MAITLAND FL 32761		81 Name	
<i>New ADDRESS →</i>		82 Street Address (P.O. Box Number is Not Acceptable)	1305 E. ROBINSON ST.
		83	
		84 City	ORLANDO
		85 Zip Code	FL 32801

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWIREN, BRUCE	1.2 NAME	
STREET ADDRESS	8018 OLD TOWN DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOPEZ, JUAN	2.2 NAME	VP
STREET ADDRESS	8049 OLD TOWN DR	2.3 STREET ADDRESS	MARILYN SOWYAK
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	5713 LIBERTY GARDEN CT. ORLANDO, FL 32819
TITLE	DV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARAN, CARMAN	3.2 NAME	DV
STREET ADDRESS	8008 RURAL RETREAT COURT	3.3 STREET ADDRESS	RICHARD ANDREWS
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	5656 CRAINDALE DR. ORLANDO, FL 32819
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCOUX, ROBERT	4.2 NAME	DT
STREET ADDRESS	5643 CRAINDALE DRIVE	4.3 STREET ADDRESS	DAVID KISSINGER
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	8015 RURAL RETREAT CT ORLANDO, FL 32819
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, KATHY	5.2 NAME	S
STREET ADDRESS	5625 CRAINDALE DR	5.3 STREET ADDRESS	PAUL KEPIC
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	8026 RURAL RETREAT CT. ORLANDO, FL 32819
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 119.07(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 (changed) or on an attachment with an address.

SIGNATURE: *[Signature]* 4-16-96 (407) 481-0707  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date Daytime Phone #

CR2E037 (12/95)