

FILE NOW: FILING FEE IS \$61.25

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May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N28109 (9)**

1. Corporation Name  
**BAY PARK HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>P.O. BOX 1023 WINDERMERE FL 34786 US</b>	Mailing Address <b>P.O. BOX 1023 WINDERMERE FL 34786 US</b>
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3. Date Incorporated or Qualified <b>08/20/1988</b>		
4. FEI Number <b>59-2921203</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>2a</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>22</b>
City & State <b>23</b>	City & State <b>23</b>
Zip <b>24</b>	Country <b>25</b>
Country <b>25</b>	Zip <b>29</b>
Country <b>30</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WEAN, PAUL L  
1305 E ROBINSON ST  
801 N. LAKE DESTINY DR., #145  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> Zip Code

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

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SWREN, BRUCE</b>	
STREET ADDRESS	<b>8018 OLD TOWN DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<del>XXXXXXXXXXXX</del>	
STREET ADDRESS	<del>XXXXXXXXXXXX</del>	
CITY-ST-ZIP	<del>XXXXXXXXXX</del>	
TITLE	<b>DV</b>	<input checked="" type="checkbox"/> DELETE
NAME	<del>XXXXXXXXXXXX</del>	
STREET ADDRESS	<del>XXXXXXXXXXXX</del>	
CITY-ST-ZIP	<del>XXXXXXXXXX</del>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>KISSINGER, DAVID</b>	
STREET ADDRESS	<b>8015 RURAL RETREAT CT</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>SOLEY, PEGGY G.</b>	
STREET ADDRESS	<b>5740 CRANDALE DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>VPD</b>
2.3 STREET ADDRESS	<b>ALBERT TUBINAS</b>
2.4 CITY-ST-ZIP	<b>5722 CRANDALE DR</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>DV</b>
3.3 STREET ADDRESS	<b>NANCY LICATA</b>
3.4 CITY-ST-ZIP	<b>5601 CRANDALE</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* 4/21/98 407 824-6725

CR2E037 (10/97)