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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N28109

BAY PAR	IK HOMEOWNERS ASSOCIA							
Principal Place of Business Mailing Address								
2180 WEST ST	ATE ROAD 434	2180 WEST STATE ROAD 434						
SUITE 5000	00770 5044	SUITE 5000 ŁONGWOOD FL 32779-5044						
LONGWOOD FI	L 32779-3044	US						
00					į			
2. Principal Pl	ace of Business	2a. Mailing Address			3. Date Incorporated or Qua	lifed		
21		26			08/29/1988			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		- +-	pplied For
22		27			59-2921203			lot Applicable
City & State	9	City & State			5. Certificate of Status Desire	ed 🔲		Additional Required
23		28						<u> </u>
Zip	Country	Zip	Country	1	6. Election Campaign Finan	cing 🔲		May Be
24	25	29 30	<u>) </u>		Trust Fund Contribution	law Danietarod A		to Fees
9. Name and Address of Current Registered Agent					10. Name and Address of N	ew Kedistered w	gent	
			81	Name				
HART, JAMES A JR.				Street	Address (P.O. Box Number is Not Ad	ceptable)		
% SENTRY MANAGEMENT, INC.								
2180 WEST STATE ROAD 434, SUITE 5000				'				
LONGWOOD FL 32779-5044			84	City		FL	85 Zip	Code
				<u> </u>	time this statement for		hanging if	te registered
	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation				oration's board of directors. I hereby	accept the appoin	tment as r	egistered
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered					required when reinstating) ADDITIONS/CHANGES TO	DATE OFFICERS AND	DIRECT	ORS IN 12
12.	OFFICERS AND	XX DELETE			PD ADDITIONS/E/IANGES TO	OITIOENO AUG	Change	
TITLE	PD DDLLCE	V-V DELETE	1.1 TITLE 1.2 NAME		WALZAK, MICHAEL			Д
NAME	SWIREN, BRUCE				8038 RURAL RETREAT	СТ		
STREET ADDRESS	8018 OLD TOWN DR		i i		ORLANDO FL 32819	C1		
CITY-ST-ZIP	ORLANDO FL	XX DELETE	1.4 CITY-ST-ZIP		VD		Change	XX Addition
TITLE	VPD	XX percie	2.1 MILE 2.2 NAME		COBB, SHERIDAN			744
NAME	TTUBINAS, ALVERT				5746 CRAINDALE DR			
STREET ADDRESS	5722 CRAINDALE DRIVE			TADDRESS				
CITY-ST-ZIP	ORLANDO FL 32819	XX DELETE	2. 4 CITY-	ST-ZIP	ORLANDO FL 32819		☐ Change	Addition
TITLE	DV	XX percie	3.1 TITLE		TD LANE, BRIAN			724
NAME	LICATA, NANCY		3.2 NAME		5765 CRAINDALE DR			
STREET ADDRESS	5601 CRAINDALE			TADORESS	ORLANDO FL 32819			
CITY-ST-ZIP	ORLANDO FL 32819	XXDELETE	3.4. CITY-	ST-ZIP			Change	Addition XXX
TITLE	DT DAVED	V-V DETELE	4.1 TITLE		SVD			A-A
NAME	KISSINGER, DAVID		4. 2 NAME		LEON, ARTHUR			
STREET ADDRESS	8015 RURAL RETREAT CT			T ADDRESS	5602 CRAINDALE DR ORLANDO FL 32819			
City.St.7iP	ORLANDO FL		4.4 CITY-	ST-ZiP	INUTAINDO LE STOTA			

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, with all other like empowered.

4.4 CITY-ST-ZiP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

LEON, JANE FISHMAN

5602 CRAINDALE DR ORLANDO FL 32819

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

ORLANDO FL

ORLANDO FL

SOLEY, PEGGY G.

5740 CRAINDALE DRIVE

XXDELETE

DELETE

2480466

☐ Change

Change

XX Addition

☐ Addition