

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N28109

FILED
May 08, 2002 8:00 AM
Secretary of State

Entity Name: BAY PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 1528
WINDMERE, FL 34786 US

New Principal Place of Business:

P.O. BOX 1528
WINDERMERE, FL 34786 US

Current Mailing Address:

P.O. BOX 1528
WINDMERE, FL 34786 US

New Mailing Address:

P.O. BOX 1528
WINDERMERE, FL 34786 US

FEI Number: 59-2921203 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANE, BRIAN
5765 CRAINDALE DRIVE
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALZAK, MICHAEL
Address: 8038 RURAL RETREAT CT
City-St-Zip: ORLANDO, FL 32819

Title: TD () Delete
Name: LANE, BRIAN
Address: 5765 CRAINDALE DR
City-St-Zip: ORLANDO, FL 32819

Title: VD () Delete
Name: KISSINGER, ANNE
Address: 8015 RURAL RETREAT CT
City-St-Zip: ORLANDO, FL 32819

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HEVEY, AMY
Address: 5728 CRAINDALE
City-St-Zip: ORLANDO, FL 32819

Title: TD (X) Change () Addition
Name: KISSINGER, DAVID
Address: 8015 RURAL RETREAT CT.
City-St-Zip: ORLANDO, FL 32819

Title: VD (X) Change () Addition
Name: CAMPANA, AUGUSTINE
Address: 8031 OLD TOWN DR.
City-St-Zip: ORLANDO, FL 32819

Title: SD () Change (X) Addition
Name: SWIREN, MARGERY
Address: 8018 OLD TOWN DR.
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID KISSINGER

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05/08/2002

Electronic Signature of Signing Officer or Director

_____ Date