


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90217 001 \*\*\*\*61.25

<b>DOCUMENT # N28109</b>			
1. Entity Name <b>BAY PARK HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business P.O. BOX 1528 WINDERMERE FL 34786 US		Mailing Address P.O. BOX 1528 WINDERMERE FL 34786 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-2921203</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

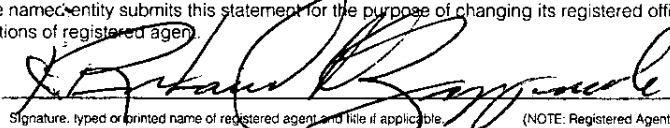
**24069553**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent <b>SWIREN, L. BRUCE</b> 1516 E. HILLCREST ST., SUITE 305 ORLANDO FL 32803		7. Name and Address of New Registered Agent Name <b>RICHARD ZAPPASODI</b> Street Address (P.O. Box Number is Not Acceptable) <b>8037 OLD TOWN DR.</b> City <b>ORLANDO</b> FL Zip Code <b>32819</b>	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4/26/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SWIREN, L. BRUCE 8018 OLD TOWN DR. ORLANDO FL 32819 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RICHARD ZAPPASODI 8037 OLD TOWN DR. ORLANDO, FL. 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP CALVERT, JEFFREY 8049 OLD TOWN DR. ORLANDO FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MEYER, LAUREN 5790 CRAINDALE ORLANDO FL 32819 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT CAROLYN TATUM 8036 OLD TOWN DR. ORLANDO, FL. 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KISSINGER, ANNE 8015 RURA RETREAT CT. ORLANDO FL 32819 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JEFFREY BRINDA 8030 OLD TOWN DR. ORLANDO, FL. 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUDWIG, LISA 5772 CRAINDALE ORLANDO FL 32819 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JEAN CAMPANA 8031 OLD TOWN DR. ORLANDO, FL. 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JEFFREY C. BRINDA** Date **4/20/04** Daytime Phone # **407-363-9580**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR