


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N28109 1. Entity Name BAY PARK HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business P.O. BOX 1528 WINDERMERE FL 34786 US	Mailing Address P.O. BOX 1528 WINDERMERE FL 34786 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-2921203	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ZAPPASODI, RICHARD 8037 OLD TOWN DR ORLANDO FL 32819	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ZAPPASODI, RICHARD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8037 OLD TOWN DR	NAME	L00000232119
STREET ADDRESS	ORLANDO FL 32819	STREET ADDRESS	02/16/05-80062-016 61.25
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	EVP CALVERT, JEFFREY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8049 OLD TOWN DR.	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ORLANDO FL 32819	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP TATUM, CAROLYN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8036 OLD TOWN DR	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ORLANDO FL 32819	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD BRINDA, JEFFREY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8030 OLD TOWN DR	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ORLANDO FL 32819	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD CAMPANA, JEAN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8031 OLD TOWN DR	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ORLANDO FL 32819	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete	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 2/5/05 407-239-6444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #