2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 8:00 am
Secretary of State
04-10-2006 90308 046 ****61.25

DOCUMENT # N28109

1. Entity Name

BAY PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1528 WINDERMERE FL 34786 US	P.O. BOX 1528 WINDERMERE FL 34786 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. Same	Suite, Apt. #, etc. Same
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E037 (10/05)

4. FEI Number 59-2921203 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~ZAPPASODI, RICHARD~~ ~~8037 OLD TOWN DR~~ ~~ORLANDO FL 32819~~	Name: BRIAN LANE Street Address (P.O. Box Number is Not Acceptable): 5765 CRAINDALE DR City: ORLANDO FL Zip Code: 32819

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: Brian Lane BRIAN LANE, TREASURER 3/31/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☑ Delete	TITLE	TREASURER ☐ Change ☑ Addition
NAME	ZAPPASODI, RICHARD	NAME	BRIAN LANE
STREET ADDRESS	8037 OLD TOWN DR	STREET ADDRESS	5765 CRAINDALE DR
CITY-ST-ZIP	ORLANDO FL 32819	CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	EVP ☑ Delete	TITLE	V.P. ☐ Change ☑ Addition
NAME	CALVERT, JEFFREY	NAME	CARMEN BARNN
STREET ADDRESS	8049 OLD TOWN DR.	STREET ADDRESS	8008 RURAL RETREAT DR
CITY-ST-ZIP	ORLANDO FL 32819	CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	VP ☑ Delete	TITLE	VP ☐ Change ☑ Addition
NAME	TATUM, CAROLYN	NAME	Hercules G. Enriquez
STREET ADDRESS	8036 OLD TOWN DR	STREET ADDRESS	6012 Old Town Drive
CITY-ST-ZIP	ORLANDO FL 32819	CITY-ST-ZIP	Orlando, FL 32819
TITLE	TD ☑ Delete	TITLE	George ZINA ☐ Change ☑ Addition
NAME	BRINDA, JEFFREY	NAME	PASTOR
STREET ADDRESS	8030 OLD TOWN DR	STREET ADDRESS	5607 Crainedale DR. 32819
CITY-ST-ZIP	ORLANDO FL 32819	CITY-ST-ZIP	ORLANDO, FL
TITLE	SD ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	CAMPANA, JEAN	NAME	
STREET ADDRESS	8031 OLD TOWN DR	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	CITY-ST-ZIP	
TITLE	PRESIDENT ☐ Delete Add	TITLE	☐ Change ☐ Addition
NAME	BRUCE SWINEN	NAME	
STREET ADDRESS	8018 Old Town Dr	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32819	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Brian Lane BRIAN LANE 3/31/06 407-351-4158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #