

**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 Suite, Apt. #, etc. *Same*  
 City & State  
 Zip Country

3. Mailing Address Suite, Apt. #, etc. *Same*  
 City & State  
 Zip Country  
 4. FEI Number **59-2921203** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

1st MOORE CR2E037 (10/05)

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

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAPPASODI, RICHARD 8037 OLD TOWN DR ORLANDO FL 32819 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP CALVERT, JEFFREY 8049 OLD TOWN DR. ORLANDO FL 32819 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TATUM, CAROLYN 8036 OLD TOWN DR ORLANDO FL 32819 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRINDA, JEFFREY 8030 OLD TOWN DR ORLANDO FL 32819 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAMPANA, JEAN 8031 OLD TOWN DR ORLANDO FL 32819 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT</i> BRUCE SWINEN 8018 Old Town Dr ORLANDO, FL 32819 <input type="checkbox"/> Delete <i>Add</i>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Brian Lane 5765 Craindale Dr Orlando, FL 32819 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. CARMEN BARRON 8008 Rural Retreat Dr ORLANDO, FL 32819 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hercules G. Enriquez 6012 Old Town Drive Orlando, FL 32819 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	George ZINA PASTOR 5607 Craindale DR- 32819 ORLANDO, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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** DATE **3/31/06** 407-351-4158  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #