


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90038 037 ****61.25

DOCUMENT # N28109
 1. Entity Name
BAY PARK HOMEOWNERS ASSOCIATION, INC.



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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

60026388



01272007 Chg-NP CR2E037 (12/06)

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
LANE, BRIAN
5765 CRAINDALE 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

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 reappointing)
 Signature, typed or printed name of registered agent and title if applicable. DATE

Filing Fee is \$61.25 Due by May 1, 2007

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	<input type="checkbox"/> Delete
T	LANE, BRIAN	5765 CHAINDALE DR	ORLANDO, FL 32819	<input type="checkbox"/>
VP	BARAN, GARMIN <i>CARMEN</i>	8008 RURAL RET DR	ORLANDO, FL 32819	<input type="checkbox"/>
VP	ENRIQUEZ, HERCULES	6012 OLD TOUCH DR	ORLANDO, FL 32819	<input type="checkbox"/>
TD	ZINA, GEORGE	5007 CRANDALE DR	ORLANDO, FL 32819	<input checked="" type="checkbox"/>
SD	CAMPANA, JEAN	8031 OLD TOWN DR	ORLANDO, FL 32819	<input checked="" type="checkbox"/>
	SWIREN, PAUL <i>SWANEH, BRUCE</i>	8018 OLD TOWN DR	ORLANDO, FL 32819	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<i>SARILDA CARTER</i>			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, Treasurer* **3/17/07** **407-351-4158**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #