

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 08, 2009  
Secretary of State**

DOCUMENT# N28109

Entity Name: BAY PARK HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 1528  
WINDERMERE, FL 34786 US

**New Principal Place of Business:**

5765 CRAINDALE DR  
ORLANDO, FL 32819 US

**Current Mailing Address:**

P.O. BOX 1528  
WINDERMERE, FL 34786 US

**New Mailing Address:**

P.O. BOX 1528  
WINDERMERE, FL 34786

FEI Number: 59-2921203      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LANE, BRIAN  
5765 CRAINDALE DR  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: LANE, BRIAN  
Address: 5765 CHAINDALE DR  
City-St-Zip: ORLANDO, FL 32819

Title: VP ( ) Delete  
Name: BARAN, CARMEN  
Address: 8008 RURAL RET DR  
City-St-Zip: ORLANDO, FL 32819

Title: VP ( ) Delete  
Name: ENRIQUEZ, HERCULES  
Address: 6012 OLD TOUCH DR  
City-St-Zip: ORLANDO, FL 32819

Title: P ( ) Delete  
Name: SWIREN, PRUCE  
Address: 8018 OLD TOWN DR  
City-St-Zip: ORLANDO, FL 32819

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: LANE, BRIAN TREASUR  
Address: 5765 CHAINDALE DR  
City-St-Zip: ORLANDO, FL 32819

Title: VP (X) Change ( ) Addition  
Name: BARAN, CARMEN VP  
Address: 8008 RURAL RET DR  
City-St-Zip: ORLANDO, FL 32819

Title: VP (X) Change ( ) Addition  
Name: WILLIAM, GILLIAM VP  
Address: 5778 CRAINDALE DR  
City-St-Zip: ORLANDO, FL 32819

Title: P (X) Change ( ) Addition  
Name: SWIREN, PRUCE PRES  
Address: 8018 OLD TOWN DR  
City-St-Zip: ORLANDO, FL 32819

Title: VP ( ) Change (X) Addition  
Name: LEON, JANE VP  
Address: 5602 CRAINDALE DR.  
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN LANE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

TREA

01/08/2009

\_\_\_\_\_  
Date