

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28109

FILED  
Feb 13, 2011  
Secretary of State

**Entity Name:** BAY PARK HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5765 CRAINDALE DR  
ORLANDO, FL 32819 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1528  
WINDERMERE, FL 34786

**New Mailing Address:**

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  
Name: LANE, BRIAN TREASUR  
Address: 5765 CHAINDALE DR  
City-St-Zip: ORLANDO, FL 32819

Title: PRES  
Name: LEON, JANE PRES  
Address: 5602 CRAINDALE DR  
City-St-Zip: ORLANDO, FL 32819

Title: VP  
Name: JEFFERY, CALVERT  
Address: 8049 OLD TOWN DR  
City-St-Zip: ORLANDO, FL 32819

Title: VP  
Name: SWIREN, BRUCE VP  
Address: 8018 OLD TOWN RD  
City-St-Zip: ORLANDO, FL 32819

Title: VP  
Name: KISSINGER, ANN  
Address: 8015 RURAL RETREAT CT  
City-St-Zip: ORLANDO, FL 32819

I hereby 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 all other like empowered.

SIGNATURE: BRIAN LANE

TREA

02/13/2011

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

\_\_\_\_\_  
Date