


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-04-2003 90067 023 \*\*\*\*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  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



CHECK HERE IF MAKING CHANGES

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 DRIVE**  
**ORLANDO FL 32819**

7. Name and Address of New Registered Agent  
Name **L. Bruce Swiren**  
Street Address (P.O. Box Number is Not Acceptable)  
**1516 E. Hillcrest St., Suite 305**  
City **Orlando** FL Zip Code **32803**

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 *L. Bruce Swiren*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  
**L. Bruce Swiren**

DATE **2/18/03**

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	PD	NAME	HEVEY, AMY	STREET ADDRESS	5728 CRAINDALE	CITY-ST-ZIP	ORLANDO FL 32819	<input checked="" type="checkbox"/> Delete
TITLE	TD	NAME	KISSINGER, DAVID	STREET ADDRESS	8015 RURAL RETREAT CT.	CITY-ST-ZIP	ORLANDO FL 32819	<input checked="" type="checkbox"/> Delete
TITLE	VD	NAME	CAMPANA, AUGUSTINE	STREET ADDRESS	8031 OLD TOWN DR.	CITY-ST-ZIP	ORLANDO FL 32819	<input checked="" type="checkbox"/> Delete
TITLE	SD	NAME	SWIREN, MARGERY	STREET ADDRESS	8018 OLD TOWN DR.	CITY-ST-ZIP	ORLANDO FL 32819	<input checked="" type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	NAME	L. Bruce Swiren	STREET ADDRESS	8018 Old Town Dr.	CITY-ST-ZIP	Orlando, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Exec Vice President	NAME	Jeffrey Calvert	STREET ADDRESS	8049 Old Town Dr.	CITY-ST-ZIP	Orlando, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Vice President - Architectural Review Board	NAME	Lauren Meyer	STREET ADDRESS	5790 Craindale	CITY-ST-ZIP	Orlando, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Treasurer	NAME	Anne Kissinger	STREET ADDRESS	8015 Rural Retreat Ct.	CITY-ST-ZIP	Orlando, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Secretary	NAME	Lisa Ludwig	STREET ADDRESS	5772 Craindale	CITY-ST-ZIP	Orlando, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CFR2037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Anne M. Kissinger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Anne M. Kissinger**

Date **2-18-03** Daytime Phone # **407-363-1997**