

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90049 046 ****61.25

DOCUMENT # N40066

1. Entity Name

BAYFAIR HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**3502 BAYFAIR PLACE
TAMPA FL 33629
US**

Mailing Address

**3502 BAYFAIR PLACE
TAMPA FL 33629
US**

54009105



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3156939

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PECK, ELLEN
3502 BAYFAIR
TAMPA FL 33629**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 **D** ☐ Delete
NAME **SPENCER, LESLIE**
STREET ADDRESS **3503 BAYFAIR PL**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **STD** ☐ Delete
NAME **MONTAGUE, DAN**
STREET ADDRESS **3504 BAYFAIR PL**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☒ Delete
NAME **TURNER, BRUCE**
STREET ADDRESS **3508 BAYFAIR PL**
CITY-ST-ZIP **TAMPA FL**

TITLE **PD** ☐ Delete
NAME **PECK, ELLEN**
STREET ADDRESS **3502 BAYFAIR PL**
CITY-ST-ZIP **TAMPA FL**

TITLE **VD** ☐ Delete
NAME **GOULD, MARY CATHERINE**
STREET ADDRESS **3506 BAYFAIR PL**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ Delete
NAME **NASH, SEAN**
STREET ADDRESS **3501 BAYFAIR PL**
CITY-ST-ZIP **TAMPA FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **JIM WATERS**
STREET ADDRESS **3508 BAYFAIR PL**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Ellen Peck* **ELLEN PECK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/04

8138373407

Date

Daytime Phone #