

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40066

FILED  
Feb 20, 2006  
Secretary of State

**Entity Name:** BAYFAIR HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3502 BAYFAIR PLACE  
TAMPA, FL 33629 US

**New Principal Place of Business:**

**Current Mailing Address:**

3502 BAYFAIR PLACE  
TAMPA, FL 33629 US

**New Mailing Address:**

**FEI Number:** 59-3156939

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PECK, ELLEN  
3502 BAYFAIR  
TAMPA, FL 33629 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: D ( ) Delete  
Name: SPENCER, LESLIE  
Address: 3503 BAYFAIR PL  
City-St-Zip: TAMPA, FL 33629

Title: STD ( ) Delete  
Name: MONTAGUE, DAN  
Address: 3504 BAYFAIR PL  
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete  
Name: WATERS, JIM  
Address: 3508 BAYFAIR PL.  
City-St-Zip: TAMPA, FL 33629

Title: PD ( ) Delete  
Name: PECK, ELLEN  
Address: 3502 BAYFAIR PL  
City-St-Zip: TAMPA, FL 33629

Title: VD ( ) Delete  
Name: GOULD, MARY CATHERINE  
Address: 3506 BAYFAIR PL  
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete  
Name: NASH, SEAN  
Address: 3501 BAYFAIR PL  
City-St-Zip: TAMPA, FL 33629

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DAN MONTAGUE

STD

02/20/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date