

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40066

FILED
Feb 28, 2007
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: D (X) Change () Addition
Name: GRIFFIN, JAMES
Address: 3506 BAYFAIR PL
City-St-Zip: TAMPA, FL 33629

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

02/28/2007

Electronic Signature of Signing Officer or Director

Date