2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40066

FILED Feb 03, 2009 Secretary of State

Entity Name: BAYFAIR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3502 BAYFAIR PLACE 3508 BAYFAIR PLACE TAMPA, FL 33629 TAMPA, FL 33629 **Current Mailing Address: New Mailing Address:** 3502 BAYFAIR PLACE 3508 BAYFAIR PLACE TAMPA, FL 33629 TAMPA, FL 33629 US FEI Number: 59-3156939 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PECK, ELLEN WATERS, JAMES J 3502 BAYFAIR 3508 BAYFAIR TAMPA, FL 33629 TAMPA, FL 33629 US US 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: JAMES J. WATERS 02/03/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SPENCER, LESLIE Name: Name: 3503 BAYFAIR PL Address: Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: Title: () Delete Title: PD (X) Change () Addition MONTAGUE, DAN Name: GARDNER, TRUETT Name: Address: 3504 BAYFAIR PL Address: 3504 BAYFAIR PL City-St-Zip: TAMPA, FL 33629 City-St-Zip: TAMPA, FL 33629 Title: STD () Delete Title: () Change () Addition WATERS, JIM Name: Name: Address: 3508 BAYFAIR PL Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: () Delete Title: PD Title: (X) Change () Addition Name: PECK, ELLEN Name: PECK, ELLEN 3502 BAYFAIR PL Address: Address: 3502 BAYFAIR PL City-St-Zip: TAMPA, FL 33629 City-St-Zip: TAMPA, FL 33629 Title: () Delete Title: () Change () Addition GRIFFIN, JAMES Name: Name: 3506 BAYFAIR PL Address: Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: Title: Title: () Change () Addition () Delete NASH SEAN Name: Name: Address: 3501 BAYFAIR PL Address: TAMPA, FL 33629 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JAMES J. WATERS STD 02/03/2009