

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48689

FILED
Sep 08, 2005
Secretary of State

Entity Name: BAYSWATER CLOSE AT OLDE HYDE PARK PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

919 S. ROME AVE
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

919 S ROME AVE.
UNIT 19
TAMPA, FL 33606

New Mailing Address:

919 S ROME AVE
UNIT 19
TAMPA, FL 33606

FEI Number: 59-3125583 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DILTS, PETER
919 S ROME AVE.
UNIT 19
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

FINCH, GARY
919 S ROME AVE
UNIT 19
TAMPA, FL 33606 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: GARY FINCH

09/08/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CRABTREE, CHAD
Address: 919 S ROME AVE #10
City-St-Zip: TAMPA, FL

Title: SD () Delete
Name: TUCKER, PAM
Address: 919 S ROME AVE #16
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: TODD, WILLIAM
Address: 919 S ROME AVE., 12
City-St-Zip: TAMPA, FL 33606

Title: TD () Delete
Name: DILTS, PETER
Address: 919 S ROME AVE., #14
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILLIAM, TODD
Address: 919 S ROME AVE #12
City-St-Zip: TAMPA, FL

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

Title: D (X) Change () Addition
Name: JOEL, SCHOLTEN
Address: 919 S ROME AVE #8
City-St-Zip: TAMPA, FL 33606

Title: TD (X) Change () Addition
Name: FINCH, GARY
Address: 919 S ROME AVE #2
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GARY FINCH

TD

09/08/2005

Electronic Signature of Signing Officer or Director

Date