

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90027 026 \*\*\*\*61.25

**DOCUMENT # N48689**

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



**40008301**

Principal Place of Business  
**919 S. ROME AVE  
TAMPA, FL 33606**

Mailing Address  
**919 S ROME AVE  
UNIT 19  
TAMPA, FL 33606**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

01202008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3125583**

Applied For  
Not Applicab

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HORNSTROM, LISSA  
919 S ROME AVE  
UNIT 11  
TAMPA, FL 33606**

**7. Name and Address of New Registered Agent**

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

1-20-08

**Filing Fee is \$61.25  
Due by May 1, 2008**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	LELAND, SALLIE	
STREET ADDRESS	919 S ROME AVE #14	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TUCKER, PAM	
STREET ADDRESS	919 S ROME AVE #16	
CITY-ST-ZIP	TAMPA, FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HORNSTROM, LISSA	
STREET ADDRESS	919 S. ROME AVE #11	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY, KAY	
STREET ADDRESS	919 SOUTH ROME AVE SUITE 18	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'SULLIVAN, ELISABETH	
STREET ADDRESS	919 SOUTH ROME AVE SUITE 6	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROSS, DEDE	
STREET ADDRESS	919 SOUTH ROME AVE SUITE 7	
CITY-ST-ZIP	TAMPA, FL 33606	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	0	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
NAME	VERNA WORTHINGTON	
STREET ADDRESS	919 S. ROME AVE, #1	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*[Handwritten Signature]*