2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# N48689

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:

FEI Number: 59-3125583 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HORNSTROM, LISSA
919 S ROME AVE
UNIT 11
TAMPA, FL 33606 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:	WORTHINGTON, VERNA	
Address:	919 S ROME AVE 1	
City-St-Zip:	TAMPA, FL 33606	
Title:	SD	( ) Delete
Name:	TUCKER, PAM	
Address:	919 S ROME AVE #16	
City-St-Zip:	TAMPA, FL	
Title:	TD	( ) Delete
Name:	HORNSTROM, LISSA	
Address:	919 S. ROME AVE #11	
City-St-Zip:	TAMPA, FL 33606	
Title:	D	( ) Delete
Name:	MURPHY, KAY	
Address:	919 SOUTH ROME AVE SUITE 18	
City-St-Zip:	TAMPA, FL 33606	
Title:	VD	( ) Delete
Name:	O'SULLIVAN, ELISABETH	
Address:	919 SOUTH ROME AVE SUITE 6	
City-St-Zip:	TAMPA, FL 33606	
Title:	PD	( ) Delete
Name:	ROSS, DEDE	
Address:	919 SOUTH ROME AVE SUITE 7	
City-St-Zip:	TAMPA, FL 33606	

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 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: LISSA HORNSTROM TD 02/16/2009

Electronic Signature of Signing Officer or Director — Date