

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48689

FILED
Feb 14, 2011
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:

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
Name: WORTHINGTON, VERNA
Address: 919 S ROME AVE 1
City-St-Zip: TAMPA, FL 33606

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

Title: TD
Name: HORNSTROM, LISSA
Address: 919 S. ROME AVE #11
City-St-Zip: TAMPA, FL 33606

Title: D
Name: PERRY, KAREN
Address: 919 SOUTH ROME AVE SUITE 10
City-St-Zip: TAMPA, FL 33606

Title: VD
Name: O'SULLIVAN, ELISABETH
Address: 919 SOUTH ROME AVE SUITE 6
City-St-Zip: TAMPA, FL 33606

Title: PD
Name: ROSS, DEDE
Address: 919 SOUTH ROME AVE SUITE 7
City-St-Zip: TAMPA, FL 33606

I hereby 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 all other like empowered.

SIGNATURE: LISSA HORNSTROM

TD

02/14/2011

Electronic Signature of Signing Officer or Director

Date