

NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N98000003100

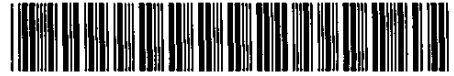
Entity Name

BAY WEST MOBILE HOMEOWNERS ASSOCIATION, INC.



FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90248 009 ****70.00



Principal Place of Business
9315 MEMORIAL HWY.
TAMPA FL 33615

Mailing Address
138 SHORE PKWY
TAMPA FL 33615

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 59-3592710	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BOVARD, DEBORAH J 138 SHORE PKWY TAMPA FL 33615	7. Name and Address of New Registered Agent Name <u>HAMMOND, Rita J.</u> Street Address (P.O. Box Number is Not Acceptable) <u>138 Shore PKWY</u> City <u>Tampa</u> FL <u>33615</u>
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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 Rita J. Hammond, TREASURER DATE April 12, 2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOVARD, DEBORAH J 138 SHORE PKWY TAMPA FL 33615 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENTZLER, Richard 234 Shore PKWY TAMPA FL 33615 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAMMOND, RITA 138 SHORE PKWY TAMPA FL 33615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAMMOND, Rita 138 Shore PKWY TAMPA FL 33615 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP KRASAUSKAS, WILLIAM 103 SHORE PKWY TAMPA FL 33615 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD VANHOSE, HAROLD 202 Shore PKWY TAMPA FL 33615 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP KRASAUSKAS, JULIE 103 SHORE PKWY TAMPA FL 33615 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD Penate, Ida 138 Rodney LANE TAMPA FL 33615 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERNANDEZ, MARISOL 211 JASON DR TAMPA FL 33615 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEPRO, SYLVIA 313 GREENVALE DR TAMPA FL 33615 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Rita Hammond, Treasurer Rita Hammond/Treasurer 4-12-06/ 813
885-1644

ATTACHMENT
40091135

April 12, 2006

FLORIDA DEPARTMENT OF STATE
GLENDA E. HOOD
SECRETARY OF STATE

Re: Document Number N980000003100
Per Letter Number: 305A00050283

I sent for the name change of our Incorporation from COLONIAL COACH MOBILE HOMEOWNERS ASSOCIATION, INC to be changed to BAY WEST CLUB MOBILE HOME OWNERS ASSOCIATION, INC. It came back to us under the name of BAY WEST MOBILE HOMEOWNERS ASSOCIATION INC. The word CLUB was left out of the title.

Can this be corrected?

Thank you for your time and attention,



Rita Hammond, Treasurer