TO NOT-FOR-PROFIT-CORPORATION **ANNUAL REPORT (AR)**

OCUMENT.# N98000003100

211 JASON DR

TAMPA FL 33615

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

.. Entity Name

Principal Place of Business Mailing Address 9315 MEMORIAL HWY. 138 SHORE PKWY TAMPA FL 33615 TAMPA FL 33615		
TAMPA FL 33615 TAMPA FL 33615		
2. Principal Place of Business 3. Mailing Address	iiy aalan istal iiniy saxii aa	1 1) 41
Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR28	E037 (10/05)	
City & State City & State 4. FEI Number 59-3592710		oplied For
Zip Country Zip Country 5. Certificate of Status Desired	\$8.75 Add Fee Require	litional
6. Name and Address of Current Registered Agent 7. Name and Address of New Register	ered Agent	
Name Hammond Pita		
BOVARD, DEBORAH J Street Address (P.O. Box Number is Not Acceptable)	٠,٠	
138 SHORE PKWY 1/38 Share PKWV		
TAMPA FL 33615		
City TAMPA	FL Zip Cod	e, 5
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.		
the obligations of registered agent.		
SIGNATURE RITS J. Hammond, TREASURER April	12,20	06
Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating)	BAIL	 _
Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be	heck Payable epartment of S	to
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FILED

May 11, 2006 8:00 am Secretary of State

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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

3/3 GREEN VALE DR

TAMPA FL 33615

Change

☐ Addition

Greasures Rita Hammond/TREASURER 4-12-06 **SIGNATURE**

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

Rita Hammond, Treasurer