

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2008 8:00 am
Secretary of State

07-30-2008 90028 032 ****70.00

DOCUMENT # N98000003100					
1. Entity Name BAY WEST MOBILE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 9315 MEMORIAL HWY. TAMPA, FL 33615			Mailing Address 138 SHORE PKWY TAMPA, FL 33615		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3592710	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAMMOND, RITA J 1358 SHORE PKWY TAMPA, FL 33615			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 PD NAME HENTZLER, RICHARD STREET ADDRESS 234 SHORE PKWY CITY-ST-ZIP TAMPA, FL 33615	<input checked="" type="checkbox"/> Delete		TITLE PD NAME MEDEIROS, RONALD STREET ADDRESS 318 GREENVALE DR. CITY-ST-ZIP TAMPA, FL 33615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME HAMMOND, RITA STREET ADDRESS 138 SHORE PKWY CITY-ST-ZIP TAMPA, FL 33615	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME VANHOOSE, HAROLD STREET ADDRESS 202 SHORE PKWY CITY-ST-ZIP TAMPA, FL 33615	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME HENTZLER, Richard STREET ADDRESS 234 Shore Parkway CITY-ST-ZIP TAMPA FL 33615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME NICHOLS, LEIGH STREET ADDRESS 124 NEWBURY DR CITY-ST-ZIP TAMPA, FL 33615	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME BLOOD, WAYNE STREET ADDRESS 122 DUVAL DR. CITY-ST-ZIP TAMPA, FL 33615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME SHIELDS, SHERYL STREET ADDRESS 211 ERIE COURT CITY-ST-ZIP TAMPA, FL 33615	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 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: <u>Rita Hammond Rita Hammond 7/15/08 813-885-1644</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					