

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003100

FILED  
Jun 29, 2009  
Secretary of State

**Entity Name:** BAY WEST MOBILE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

9315 MEMORIAL HWY.  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

138 SHORE PKWY  
TAMPA, FL 33615

**New Mailing Address:**

**FEI Number:** 59-3592710      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HAMMOND, RITA J  
1358 SHORE PKWY  
TAMPA, FL 33615      US

**Name and Address of New Registered Agent:**

HAMMOND, RITA J  
138 SHORE PKWY  
TAMPA, FL 33615      US

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: \_\_\_\_\_

06/29/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MEDEIROS, RONALD  
Address: 318 GREENVALE DR.  
City-St-Zip: TAMPA, FL 33615

Title: TD ( ) Delete  
Name: HAMMOND, RITA  
Address: 138 SHORE PKWY  
City-St-Zip: TAMPA, FL 33615

Title: VPD ( ) Delete  
Name: MENTZLER, RICHARD  
Address: 234 SHORE PARKWAY  
City-St-Zip: TAMPA, FL 33615

Title: VPD (X) Delete  
Name: BLOOD, WAYNE  
Address: 122 DUVAL DDR  
City-St-Zip: TAMPA, FL 33615

Title: SD (X) Delete  
Name: SHIELDS, SHERYL  
Address: 211 ERIE COURT  
City-St-Zip: TAMPA, FL 33615

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BLOOD, WAYNE V  
Address: 122 DUVAL DR.  
City-St-Zip: TAMPA, FL 33615

Title: TD (X) Change ( ) Addition  
Name: HAMMOND, RITA J  
Address: 138 SHORE PKWY  
City-St-Zip: TAMPA, FL 33615

Title: SD (X) Change ( ) Addition  
Name: SHANNON, SHERYL L  
Address: 211 ERIC CT  
City-St-Zip: TAMPA, FL 33615

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: RITA J HAMMOND

TD

06/29/2009

Electronic Signature of Signing Officer or Director

Date