

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748061 (9)

1. Corporation Name
BAYWOOD COLONY SOUTHWOOD APARTMENTS I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
5550 BEE RIDGE RD STE E3 SARASOTA FL 34233 US		5550 BEE RIDGE RD STE E3 SARASOTA FL 34233 US		07/12/1979	04/20/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0053218	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country	24	25
29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
MGMT CONCEPTS OF SARASOTA COUNTY INC 5550 BEE RIDGE RD STE E3 SARASOTA FL 34233		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	
		FL	85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD COSTELLO, HERB	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1711 SOUTHWOOD STREET	1.2 NAME	
STREET ADDRESS	SARASOTA FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D CICAK, FEDOR	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1603 SOUTHWOOD ST.	2.2 NAME	
STREET ADDRESS	SARASOTA FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD MURPHY, ELINOR	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1613 SOUTHWOOD ST	3.2 NAME	SD Emrich, Jan
STREET ADDRESS	SARASOTA FL	3.3 STREET ADDRESS	1705 Southwood Street
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Sarasota, FL 34231
TITLE	TD GAGNE, RICHARD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1701 SOUTHWOOD ST	4.2 NAME	
STREET ADDRESS	SARASOTA FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VD BRYD, RICHARD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6512 SUPERIOR ST	5.2 NAME	
STREET ADDRESS	SARASOTA FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: [Signature] 4/24/96 Date 941-921-5349 Daytime Phone #

CR2E037 (12/95)