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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90185 021 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748061

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

Principal Place of Business	Mailing Address
5550 BEE RIDGE RD STE E3 SARASOTA FL 34233 US	5550 BEE RIDGE RD STE E3 SARASOTA FL 34233 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	07/12/1979
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0053218
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28	\$8.75 Additional Fee Required
Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
24	25	\$5.00 May Be Added to Fees
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTELLO, HERB	1.2 NAME	
STREET ADDRESS	1711 SOUTHWOOD STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUGERI, JOSEPH	2.2 NAME	
STREET ADDRESS	1647 SOUTHWOOD ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	2.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMRICH, JAN	3.2 NAME	MALLIE, MARSHALL
STREET ADDRESS	1705 SOUTHWOOD ST	3.3 STREET ADDRESS	1-6-15-SOUTHWOOD-STREET
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	SARASOTA FL 34231
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZLOTOLOW, PAULINE	4.2 NAME	MAGINNESS, ANTHONY
STREET ADDRESS	1605 SOUTHWOOD ST	4.3 STREET ADDRESS	1713 SOUTHWOOD STREET
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	SARASOTA FL 34231
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYD, RICHARD	5.2 NAME	
STREET ADDRESS	6512 SUPERIOR ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99
 Date

Daytime Phone #

CR2E037 (11/98)