

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90147 010 ****61.25



DOCUMENT # 748061

1. Entity Name

BAYWOOD COLONY SOUTHWOOD APARTMENTS I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

5766 BRONX AVE
 STE-A
 SARASOTA FL 34231
 US

Mailing Address

5766 BRONX AVE
 STE-A
 SARASOTA FL 34231
 US

2. Principal Place of Business

6146 CLARK CENTER AVE

Suite, Apt. #, etc.

3. Mailing Address

6146 CLARK CENTER AVE

Suite, Apt. #, etc.



1st MOORE CR2E037 (10/04)

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

65-0053218

Applied For

Not Applicable

Zip

34238

Country

USA

Zip

34238

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MGMT CONCEPTS OF SARASOTA COUNTY INC
 5766 BRONX AVE
 STE-A
 SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6146 CLARK CENTER AVE

City SARASOTA

FL

Zip Code 34238

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BERGER, WILLIAM	
STREET ADDRESS	1637 SOUTHWOOD ST.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, JAMES	
STREET ADDRESS	1607 SOUTHWOOD STREET	
CITY-ST-ZIP	SARASOTA FL 34230	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SAWYER, PATSY	
STREET ADDRESS	1611 SOUTHWOOD ST.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	SD	<input type="checkbox"/> Delete
NAME	AUGERI, JOSEPH	
STREET ADDRESS	1647 SOUTHWOOD ST.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALSER, ELIZABETH	
STREET ADDRESS	1601 SOUTHWOOD ST.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COSTELLO, FERN	
STREET ADDRESS	1711 SOUTHWOOD STREET	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARINELLA, RALPH	
STREET ADDRESS	1715 SOUTHWOOD STREET	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/05 941-922-5522

Date

Daytime Phone #