



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # 764807	
1. Entity Name BAY WINDS CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 117 10TH ST N #121 BRADENTON BEACH, FL 34217 US	Mailing Address 117 10TH ST N #121 BRADENTON BEACH, FL 34217 US
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DO NOT WRITE IN THIS SPACE

	
01072008 No Chg-NP	CR2E037 (4/06)
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LYCANS, CHERYL
 117 10TH ST N
 #121
 BRADENTON BEACH, FL 34217

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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 _____ (NOTE: Registered Agent signature required when reactivating) DATE _____

Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	U00000778797 01/11/08-80011-024 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, JAN 1844 BAUER AVE SANDUSKY, OH 44820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LYCANS, CHERYL 117 10TH ST N., #121 BRADENTON BEACH, FL 34217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTELLO, PETER 28283 JENEVA WAY BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZELL, MARY JO 25115 OAK DR DAMASCUS, MD 20872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LADEWSKI, MITCHELL 117 10TH ST. N., #121 BRADENTON BEACH, FL 34217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Cheryl Lycans* Secretary/Treasurer 1/8/08 (941) 364-2440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #