FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 19 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

DOCUMENT # N11832 (5)

1. Corporation Name
BAWOODS II HOME OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3102 GLENWOOD COURT P.O.BOX 1113 SAFETY HARBOR FL 34695	3102 GLENWOOD COURT P.O.BOX 1113 SAFETY HARBOR FL 34695

3. Date Incorporated or Qualified: 10/31/1985
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-2588404 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

GRIFFIN, HAROLD H
1455 COURT STREET
CLEARWATER FL 33516

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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	PD		1.1 TITLE	PD	☒ Change ☐ Addition
NAME	~~BROSS, JOE~~		1.2 NAME	TINA TURK	
STREET ADDRESS	~~3107 BENTWOOD LN.~~	Change	1.3 STREET ADDRESS	117 OAKCREST	
CITY-ST-ZIP	~~SAFETY HARBOR FL~~		1.4 CITY-ST-ZIP		
TITLE	VD		2.1 TITLE	VP	☒ Change ☐ Addition
NAME	~~GODDINGTON, WALT~~		2.2 NAME	BROSS, JOE	
STREET ADDRESS	~~3101 GLENWOOD CT.~~	Change	2.3 STREET ADDRESS	3107 BENTWOOD LN	
CITY-ST-ZIP	~~SAFETY HARBOR FL~~		2.4 CITY-ST-ZIP	Safety Harbor, FL	
TITLE	TD		3.1 TITLE		☐ Change ☐ Addition
NAME	PARRY, EDWARD		3.2 NAME		
STREET ADDRESS	3113 GLENWOOD COURT	OK	3.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL		3.4 CITY-ST-ZIP		
TITLE	SD		4.1 TITLE	SD	☒ Change ☐ Addition
NAME	~~LEVINE, SUSAN~~		4.2 NAME	BRIAN IUVONE	
STREET ADDRESS	~~116 WOODLANE CT.~~	Change.	4.3 STREET ADDRESS	3049 Glenwood Ct	
CITY-ST-ZIP	~~SAFETY HARBOR FL.~~		4.4 CITY-ST-ZIP	Safety Harbor FL	
TITLE			5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE			6.1 TITLE		☐ Change ☐ 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)(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 added on an attachment with an address.

SIGNATURE: Edward Parry 4/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

Ed Parry