

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N11832 (5)

1. Corporation Name

BAWOODS II HOME OWNER'S ASSOCIATION, INC.



Principal Place of Business

**3102 GLENWOOD COURT
P.O. BOX 1113
SAFETY HARBOR FL 34695**

Mailing Address

**3102 GLENWOOD COURT
P.O. BOX 1113
SAFETY HARBOR FL 34695**

3. Date Incorporated or Qualified
10/31/1985

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

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4. FEI Number
59-2588404

Applied For
Not Applicable

22

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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24

29

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRIFFIN, HAROLD H
1455 COURT STREET
CLEARWATER FL 33516**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD TURK, TINA**
STREET ADDRESS **117 OAKCREST**
CITY-ST-ZIP **SAFETY HARBOR FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **VP BROSS, JOE**
STREET ADDRESS **3107 BENTWOOD LN.**
CITY-ST-ZIP **SAFETY HARBOR FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **VP Elizabeth Mays**
2.3 STREET ADDRESS **3109 Glenwood Ct**
2.4 CITY-ST-ZIP **Safety Harbor FL 34695**

TITLE ☒ DELETE
NAME **TD PARRY, EDWARD**
STREET ADDRESS **3113 GLENWOOD COURT**
CITY-ST-ZIP **SAFETY HARBOR FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **TD Sharon Parry**
3.3 STREET ADDRESS **3113 Glenwood Ct**
3.4 CITY-ST-ZIP **Safety Harbor FL 34695**

TITLE ☐ DELETE
NAME **SD IUVONE, BRIAN**
STREET ADDRESS **3048 GLENWOOD CT.**
CITY-ST-ZIP **SAFETY HARBOR FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, or on an attachment with an address.

SIGNATURE:

Sharon Parry Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-726-3163

CR2E037 (12/95)