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Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34695-1113**



3. Date Incorporated or Qualified
10/31/1985

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

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

TITLE **VP** ☐ DELETE
NAME **ELIZABETH MAYS**
STREET ADDRESS **3102 GLENWOOD CT.**
CITY-ST-ZIP **SAFETY HARBOR FL**

2.1 TITLE **SD** ☒ Change ☐ Addition
2.2 NAME **LYNN LINN**
2.3 STREET ADDRESS **3106 Glenwood Ct**
2.4 CITY-ST-ZIP **Safety Harbor FL**

TITLE **TD** ☐ DELETE
NAME **SHARON PARRY**
STREET ADDRESS **3113 GLENWOOD CT.**
CITY-ST-ZIP **SAFETY HARBOR FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE **PD** ☒ 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
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE:

Sharon Parry, Treasurer

3-4-97 813-726-3163

CR2E037 (9/96)