SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90026 002 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11832

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/31/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2588404 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ 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	VP	☒ DELETE	1.1 TITLE	VICE PRESIDENT-VP	☐ Change ☒ Addition
NAME	TURK, TINA		1.2 NAME	CARMEN RODRIQUEZ	
STREET ADDRESS	117 OAKCREST		1.3 STREET ADDRESS	211 WOODLAND CT	
CITY-ST-ZIP	SAFETY HARBOR FL		1.4 CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	SD	☐ DELETE	2.1 TITLE	TREASURER - TD	☒ Change ☐ Addition
NAME	COOPER, LINDA		2.2 NAME		
STREET ADDRESS	121 WOODLAND CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL		2.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE	SECRETARY - SD	☐ Change ☒ Addition
NAME	SHARON PARRY		3.2 NAME	CHARLENE GERVASI	
STREET ADDRESS	3113 GLENWOOD CT.		3.3 STREET ADDRESS	115 OAKCREST DR.	
CITY-ST-ZIP	SAFETY HARBOR FL		3.4 CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	PD	☒ DELETE	4.1 TITLE	PRESIDENT - PD	☐ Change ☒ Addition
NAME	IUVONE, BRIAN		4.2 NAME	KATHLEEN MARSAR	
STREET ADDRESS	3048 GLENWOOD CT.		4.3 STREET ADDRESS	122 OAKCREST DR.	
CITY-ST-ZIP	SAFETY HARBOR FL		4.4 CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/99)

14. 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 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, with all other like empowered.

SIGNATURE: Linda B Cooper SIGNATURE REQUIRED LINDA B. COOPER 727/726-6837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #