# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jul 25, 2002 8:00 am**
**Secretary of State**
07-25-2002 90121 010 ****61.25

DOCUMENT # N11832

1. Entity Name

BAWOODS II HOME OWNER'S ASSOCIATION, INC. ✓

| Principal Place of Business | Mailing Address |
|---|---|
| ~~3102 GLENWOOD COURT~~<br>P.O.BOX 1113<br>SAFETY HARBOR FL 34695 | ~~3102 GLENWOOD COURT~~<br>P.O.BOX 1113<br>SAFETY HARBOR FL 34695 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 3108 Glenwood Court<br>Suite, Apt. #, etc. | P.O. Box 1113<br>Suite, Apt. #, etc. |
| City & State: Safety Harbor, FL | City & State: Safety Harbor, FL |
| Zip: 34695 Country: US | Zip: 34695 Country: US |

4. FEI Number 59-2588404 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| GRIFFIN, HAROLD H<br>1455 COURT STREET<br>CLEARWATER FL 33516 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**

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

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>RODRIQUEZ, CARMEN<br>211 WOODLAND CT<br>SAFETY HARBOR FL 34695 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Hendess, Susan<br>3105 Ashwood Lane<br>Safety Harbor, FL | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>COOPER, LINDA<br>121 WOODLAND CT<br>SAFETY HARBOR FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>Kartovicky, Edie<br>212 Woodland Court<br>Safety Harbor, FL | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>GERVASI, CHARLENE<br>115 OAKCREST DR<br>SAFETY HARBOR FL 34695 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>Rodriquez, Carmen<br>211 Woodland Court<br>Safety Harbor, FL 34695 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MARSAR, KATHLEEN<br>122 OAKCREST DR<br>SAFETY HARBOR FL 34695 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Brown, Elizabeth<br>3108 Glenwood Court<br>Safety Harbor, FL | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/01)

12. 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 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:** Edie Kartovicky SIGNATURE REQUIRED Treasurer 7/24/02 727-712-9080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #