2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State
02-27-2004 90018 028 ****61.25

DOCUMENT # N11832

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

Principal Place of Business	Mailing Address
3108 GLENWOOD COURT SAFETY HARBOR, FL 34695	P.O.BOX 1113 SAFETY HARBOR, FL 34695

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02222004 No Chg-NP CR2E037 (10/03)

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

GRIFFIN, HAROLD H
1455 COURT STREET
CLEARWATER, FL 33516

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	HENDESS, SUSAN
STREET ADDRESS	3105 ASHWOOD LANE
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	TD
NAME	KARTOVICKY, EDIE
STREET ADDRESS	212 WOODLAND COURT
CITY-ST-ZIP	SAFETY HARBOR, FL
TITLE	SD
NAME	LUVONE, BRIAN
STREET ADDRESS	3048 GLENWOOD CRT
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	PD
NAME	BROWN, ELIZABETH
STREET ADDRESS	3108 GLENWOOD COURT
CITY-ST-ZIP	SAFETY HARBOR, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Elizabeth Brown Elizabeth Brown 2/24/04 727-726-0994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #