

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11832

FILED
Aug 31, 2006
Secretary of State

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

Current Principal Place of Business:

3108 GLENWOOD COURT
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 1113
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 59-2588404 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: HENDESS, SUSAN
Address: 3105 ASHWOOD LANE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: TD () Delete
Name: CHEEVER, MARY
Address: 3107 BENTWOOD LN
City-St-Zip: SAFETY HARBOR, FL 34695

Title: SD () Delete
Name: SANFORD, SUSAN
Address: 113 OAK CREST DR
City-St-Zip: SAFETY HARBOR, FL 34695

Title: PD () Delete
Name: BROWN, ELIZABETH
Address: 3108 GLENWOOD COURT
City-St-Zip: SAFETY HARBOR, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY K CHEEVER

TD

08/31/2006

Electronic Signature of Signing Officer or Director

Date