

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 FEB 23 PM 3:29

**DOCUMENT # N46604 (7)**

1. Corporation Name

**BAYWINDS GOLF ESTATES HOMEOWNERS ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 221 MCKENZIE AVENUE, PANAMA CITY FL 32401  
Mailing Address: 221 MCKENZIE AVENUE, PANAMA CITY FL 32401

3. Date Incorporated or Qualified	3a. Date of Last Report
12/20/1991	04/15/1994
4. FEI Number	Applied For
59-3105846	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199(3)? Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	25	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
30		30	

**9. Name and Address of Current Registered Agent**

**BURKE, LES W.**  
**221 MCKENZIE AVENUE**  
**PANAMA CITY FL 32401**

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title # (required)

Registered Agent signature (required when new agent)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, LES W	1.2 NAME	
STREET ADDRESS	221 MCKENZIE AVE	1.3 STREET ADDRESS	
CITY, ST, ZIP	PANAMA CITY FL	1.4 CITY, ST, ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINTANA, EDMUND D	2.2 NAME	
STREET ADDRESS	221 MCKENZIE AVE	2.3 STREET ADDRESS	
CITY, ST, ZIP	PANAMA CITY FL	2.4 CITY, ST, ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIMMERMAN, NEVIN J	3.2 NAME	
STREET ADDRESS	221 MCKENZIE AVE	3.3 STREET ADDRESS	
CITY, ST, ZIP	PANAMA CITY FL	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), 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.

SIGNATURE: *LES W. BURKE* LES W. BURKE 2/20/95 904 769-1414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR