

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90232 004 \*\*\*\*61.25

**DOCUMENT # N46604**

1. Entity Name

**BAYWINDS GOLF ESTATES HOMEOWNERS ASSOCIATION, IN C.**

Principal Place of Business

Mailing Address

**221 MCKENZIE AVENUE  
 PANAMA CITY FL 32401**

**221 MCKENZIE AVENUE  
 PANAMA CITY FL 32401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3105846**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

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

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

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	<b>PDT</b>	<input type="checkbox"/> Delete
NAME	<b>BURKE, LES W</b>	
STREET ADDRESS	<b>221 MCKENZIE AVE</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32401</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>GLUNN, FRANK J</b>	
STREET ADDRESS	<b>1069 EMERALD BAY DRIVE</b>	
CITY-ST-ZIP	<b>DESTIN FL 32541</b>	
TITLE	<b>DS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SMITH, KEN</b>	
STREET ADDRESS	<b>155 CRYSTAL BEACH DRIVE, SUITE 133</b>	
CITY-ST-ZIP	<b>DESTIN FL 32541</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>KENNEDY, KEVIN</b>	
STREET ADDRESS	<b>214 BAYWINDS DRIVE</b>	
CITY-ST-ZIP	<b>DESTIN FL 32541</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>AS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Burke, Les W.</b>	
STREET ADDRESS	<b>221 mckenzie Ave.</b>	
CITY-ST-ZIP	<b>Panama City, FL 32401</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Dawkins, Terry</b>	
STREET ADDRESS	<b>29 kristin cove</b>	
CITY-ST-ZIP	<b>Destin, FL 32541</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Signature* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/02 850 769-1414**

Date

Daytime Phone #

CR2E037 (9/01)