2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2004 8:00 am Secretary of State

DOCUMENT # N46604 1. Entity Name BAYWINDS GOLF ESTATES HOMEOWNERS ASSOCIATION, INC.							04-27-200)4 9006 3	021 ****	61.25
Principal Place of Business 221 MCKENZIE AVENUE PANAMA CITY, FL 32401		Mailing Address 221 MCKENZIE AVENUE PANAMA CITY, FL 32401			94067580					
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01082004	Chg-NP	CR2E(037 (10/03)	
City & State			City & State			4. FEI Number 59-31058	346	***		oplied For of Applicable
Zip	Cour	ntry	Zip .	Cour	ntry	5. Certificate of	Status Desired		\$8.75 Add	ditional
·· -	6. Name and Add	iress of Current Re	gistered Agení -			- 7. Name and A	ddress of New	Registered	Agent	
			-		Name				· ·	
BURKE, LES W. 221 MCKENZIE AVENUE PANAMA CITY, FL 32401				Street Addres	ss (P.O. Box Number	(P.O. Box Number is Not Acceptable)				
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				ſ	City			FI	Zip Cod	е
8. The above the obligat	named entity submits tions of registered age	this statement for th	ne purpose of changing its	registere	d office or regis	stered agent, or both,	in the State of F		_	and accept
SIGNATURE	Signature, typed or printed na	me of registered agent and	title if applicable. (NOTE	: Registered	Agent signature requ	juired when reinstating)		DATE	Put-	•
	Signature, typed or printed na Filling Fee is \$6 Due by May 1, 2	1.25	9. Election Can Trust Fund C	npaign Fir	nancing	suired when reinstating) \$5.00 May Be Added to Fees		Make chec	k payable to	
	Filing Fee is \$6 Due by May 1, 2	1.25	9. Election Can Trust Fund C	npaign Fir	nancing	\$5.00 May Be Added to Fees	Flo	Make chec orida Depa	rtment of St	tate
	Filing Fee is \$6 Due by May 1, 2	1.25 2004	9. Election Can Trust Fund C	npaign Fir	nancing on.	\$5.00 May Be	Flo	Make chec orida Depa	rtment of SI	10
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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:

Les W. Burke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

850-769-1414

Date

Daytime Phone #