
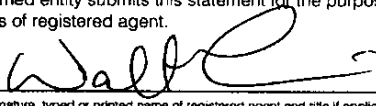


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90013 047 \*\*\*\*61.25

DOCUMENT # N46604			
1. Entity Name BAYWINDS GOLF ESTATES HOMEOWNERS ASSOCIATION, INC.		Principal Place of Business 221 MCKENZIE AVENUE PANAMA CITY, FL 32401	
Mailing Address 221 MCKENZIE AVENUE PANAMA CITY, FL 32401		2. Principal Place of Business - No P.O. Box # 12273 U.S. Hwy 98 Suite, Apt. #, etc. Suite 204A	
3. Mailing Address P.O. Box 1895 Suite, Apt. #, etc.		City & State Destin FL	
City & State Destin FL		City & State Destin FL	
Zip 32550	Country Walton	Zip 32550	Country Okaloosa
4. FEI Number 59-3105846		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURKE, LES W. 221 MCKENZIE AVENUE PANAMA CITY, FL 32401		7. Name and Address of New Registered Agent Name Seacoast Association Management Inc. Street Address (P.O. Box Number is Not Acceptable) c/o Walt Leirer 12273 U.S. Hwy 98 Ste 204A City Destin FL Zip Code 32550	
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 3.21.7	
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, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE AS	BURKE, LES W 221 MCKENZIE AVE PANAMA CITY, FL 32401 <input checked="" type="checkbox"/> Delete	TITLE P	Gene Raus 422 Baywinds Dr. Destin FL 32541 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DV	GLUNN, FRANK J 1069 EMERALD BAY DRIVE DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE S	Lisa Geider 115 Baywinds Dr. Destin FL 32541 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DS	KENNEDY, KEVIN 214 BAYWINDS DRIVE DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE D	Kevin Kennedy 214 Baywinds Dr. Destin FL 32541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE T	Lt. Col Victor Makela 390 Baywinds Dr. Destin FL 32541 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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  321.7

4004550\*



03222007 Chg-NP CR2E037 (12/06)