

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46604

FILED
Feb 12, 2009
Secretary of State

Entity Name: BAYWINDS GOLF ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

12273 U.S. HWY 98
SUITE 204A
DESTIN, FL 32550

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1895
MIRAMAR BEACH, FL 32550

New Mailing Address:

12273 U.S. HWY 98
SUITE 204A
DESTIN, FL 32550

FEI Number: 59-3105846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEACOAST ASSOCIATION MANAGEMENT INC
C/O WALT LEIER
12273 U.S. HWY 98 STE 204A
MIRAMAR BEACH, FL 32550 US

Name and Address of New Registered Agent:

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: P () Delete
Name: RAUS, GENE
Address: 422 BAYWINDS DR
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: GLUNN, FRANK J
Address: 1069 EMERALD BAY DRIVE
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: KENNEDY, KEVIN
Address: 214 BAYWINDS DRIVE
City-St-Zip: DESTIN, FL 32541

Title: S () Delete
Name: GEIDER, LISA
Address: 115 BAYWINDS DR.
City-St-Zip: DESTIN, FL 32541

Title: T () Delete
Name: MAKELA, VICTOR LT.COL.
Address: 390 BAYWINDS DR.
City-St-Zip: DESTIN, FL 32541

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: LES NICHOLS

CAM

02/12/2009

Electronic Signature of Signing Officer or Director

_____ Date