2003 NOT-FOR-PROFIT CORPGRATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N46604

1. Entity Name

BAYWINDS GOLF ESTATES HOMEOWNERS ASSOCIATION, IN



Principal Place of Business Mailing Address 221 MCKENZIE AVENUE 221 MCKENZIE AVENUE PANAMA CITY FL 32401 PANAMA CITY FL 32401 2. Principal Place of Business 3. Mailing Address

FILED Apr 28, 2003 8:00 am Secretary of State

04-02-2003 90392 016 ****61.25

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Suite, Apt. #, etc. S			Suite, Apt. #, e	uite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State Ci			City & State	ity & State			4. FEI Number 59-3 105846			Applied For Not Applicable		7
Zip	Zip Country			Zip Co					8.75 Additional ee Required			
	6. Name	and Address of Current	Registered Agent		1		7. Name and Ado	tress of New Rec	istered Ag	ent		1-
		Name			and the second s							
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	CITY FL 32				-		·		,			1
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	e named entit itions of regis	y submits this statement fo tered agent.	or the purpose of chan	ging its regi	stered office o	r registere				niliar with,	and accept	
CIONATIOE	3			,						/ 13.2./	Called St.	
SIGNATURE		or printed name of registered agent	and title if applicable.	(NOTE: Regi	stered Agent signa	ture required v	when reinstating)		DATE			
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FILE NOW: FEE IS \$61.25			9. Elect	9. Election Campaign Financing ;			\$5.00 May Be	Make	Check f	Payable	toperson	
· ·			Trust	Fund Contri	bution	— ,	Added to Fees	Florida	Departin	ient of	State	ı
44.50		<u>.</u>			w 12 N	<u> </u>		l_ <u></u>	<u> </u>			ا
10.	140	OFFICERS AND DI	RECTORS		11.	Al	DDITIONS/CHANG	ES TO OFFICERS	AND DIRE	CTORS IN	110	ے ا
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12. Thereby 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:

Burke

3/27/03

(850) 769-141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR