## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9600000015

FILED Mar 25, 2005 Secretary of State

Entity Name: BAYMEADOWS DEVELOPMENT HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 32779 **New Mailing Address: Current Mailing Address:** 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 FEI Number: 59-3367251 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition WILSON, JIM KLEIN, JOHN Name: Name: 3693 KENTREL COURT Address: 3676 KESTREL COURT Address: City-St-Zip: MELBOURNE, FL 32934 City-St-Zip: MELBOURNE, FL 32934 Title: ( ) Delete Title: (X) Change ( ) Addition HENSLER, JEANIE Name: BLOOM, GERALD Name: Address: 3645 GRAND MEADOWS BLVD Address: 3160 CEDAR BAY DR City-St-Zip: MELBOURNE, FL 32934 City-St-Zip: MELBOURNE, FL 32934 Title: TD () Delete Title: SD (X) Change ( ) Addition BLOOM, GERALD HIERS, KATHLEEN Name: Name: Address: 3160 CEDAR BAY DRIVE Address: 3688 KESTREL CT City-St-Zip: MELBOURNE, FL 32934 City-St-Zip: MELBOURNE, FL 32934 Title: () Delete Title: ( ) Change (X) Addition GERMANN, VINCENT Name: Name: 3685 KESTREL CT Address: Address: City-St-Zip: City-St-Zip: MELBOURNE, FL 32934 Title: () Delete Title: ( ) Change (X) Addition BORG, MARY Name: Name: 3142 CAUTHEN CREEK DR Address: Address: City-St-Zip: City-St-Zip: MELBOURNE, FL 32934 Title: () Delete Title: ( ) Change (X) Addition WILSON, JIM Name: Name: Address: Address: 3693 KESTREL CT MELBOURNE, FL 32934 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN KLEIN PD 03/25/2005