

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000015

FILED
Mar 20, 2009
Secretary of State

Entity Name: BAYMEADOWS DEVELOPMENT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3845 GRAND MEADOWS BLVD
MELBOURNE, FL 32934

New Principal Place of Business:

3685 KESTRAL CR
MELBOURNE, FL 32934

Current Mailing Address:

P.O. BOX 410496
MELBOURNE, FL 32941

New Mailing Address:

FEI Number: 59-3367251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAYNE, JUSTIN R ESQ.
319 RIVEREDGE BLVD STE 218
COCOA, FL 32922 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: PD () Delete
Name: DEVRIENDT, JAMES
Address: 3845 GRAND MEADOWS BLVD
City-St-Zip: MELBOURNE, FL 32934

Title: VPD () Delete
Name: GERMANN, VINCENT
Address: 3685 KESTREL CT
City-St-Zip: MELBOURNE, FL 32934

Title: TR () Delete
Name: BINKLEY, BILL
Address: 3140 CEDAR BAY DRIVE
City-St-Zip: MELBOURNE, FL 32934

Title: SD () Delete
Name: CARACELO, JUDE
Address: 3825 GRAND MEADOWS BLVD
City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete
Name: LUSSIER, DIANE
Address: 3965 GRAND MEADOWS BLVD
City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete
Name: WICELINSKI, THOMAS
Address: 3170 CEDAR BAY DR
City-St-Zip: MELBOURNE, FL 32934

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: SD (X) Change () Addition
Name: HARDY, DAVID
Address: 4185 GRAND MEADOWS BLVD
City-St-Zip: MELBOURNE, FL 32934

Title: D (X) Change () Addition
Name: REITER, JAMES
Address: 3240 CEDAR BAY DR
City-St-Zip: MELBOURNE, F 32934

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: VINCENT GERMANN

VP

03/20/2009

Electronic Signature of Signing Officer or Director

Date