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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **751692** (5)

1. Corporation Name

BAYWOOD ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**596 BAYWOOD DR NO
DUNEDIN FL 34698
US**

**596 BAYWOOD DR NO
DUNEDIN FL 34698-2007
US**

3. Date Incorporated or Qualified
03/25/1980

3a. Date of Last Report
03/27/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**VANDERLICK, BARBARA
603 BAYWOOD DR. SOUTH
DUNEDIN FL 34698**

4. FEI Number

59-1728809

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent; and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BOYERS, DENVER	
STREET ADDRESS	534 BAYWOOD DR S	
CITY - ST - ZIP	DUNEDIN FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	O'CONNELL, ROBERT	
STREET ADDRESS	2456 BAYWOOD DRIVE WEST	
CITY - ST - ZIP	DUNEDIN FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	VANDERLICK, BARBARA	
STREET ADDRESS	603 BAYWOOD DR. SOUTH	
CITY - ST - ZIP	DUNEDIN FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CRONE, BARBI	
STREET ADDRESS	2435 BAYWOOD DRIVE EAST	
CITY - ST - ZIP	DUNEDIN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUEHLING, WILLIAM	
STREET ADDRESS	2436 BAYWOOD DRIVE EAST	
CITY - ST - ZIP	DUNEDIN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCBARRON, KEVIN	
STREET ADDRESS	598 BAYWOOD DR S	
CITY - ST - ZIP	DUNEDIN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GIL FREEMAN	
1.3 STREET ADDRESS	2450 BAYWOOD DR. W.	
1.4 CITY - ST - ZIP	DUNEDIN FL 34698	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ROBERT GREEN	
6.3 STREET ADDRESS	551 BAYWOOD DR. S.	
6.4 CITY - ST - ZIP	DUNEDIN FL 34698	

14. I do hereby 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **BARBARA VANDERLICK, TREAS.**

2/20/97 (813)
736-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0089416**

CR2E037 (9/96)