

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 23, 1999 8:00 am**  
**Secretary of State**

07-23-1999 90002 022 \*\*\*\*61.25

**DOCUMENT # 751692**

1. Corporation Name

**BAYWOOD ASSOCIATION, INC.**

Principal Place of Business

596 BAYWOOD DR NO  
DUNEDIN FL 34698  
US

Mailing Address

568 BAYWOOD DR N  
DUNEDIN FL 34698  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

03/25/1980

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

9. Name and Address of Current Registered Agent

HUNT, TIMOTHY  
568 BAYWOOD DR N  
DUNEDIN FL 34698

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 ☐ DELETE

NAME  
P  
GIL FREEMAN  
STREET ADDRESS  
2450 BAYWOOD DR W  
CITY-ST-ZIP  
DUNEDIN FL

TITLE ☐ DELETE

NAME  
D  
O'CONNELL, ROBERT  
STREET ADDRESS  
2456 BAYWOOD DRIVE WEST  
CITY-ST-ZIP  
DUNEDIN FL

TITLE ☒ DELETE

NAME  
VP  
GIRARDI, EUGENE  
STREET ADDRESS  
598 BAYWOOD DR S  
CITY-ST-ZIP  
DUNEDIN FL 34698

TITLE ☐ DELETE

NAME  
TD  
HUNT, TIM  
STREET ADDRESS  
568 BAYWOOD DR N  
CITY-ST-ZIP  
DUNEDIN FL 34698

TITLE ☐ DELETE

NAME  
D  
CAMERON, MARK  
STREET ADDRESS  
2472 TRADE WINDS DR  
CITY-ST-ZIP  
DUNEDIN FL 34698

TITLE ☐ DELETE

NAME  
D  
BOYER, DENVER  
STREET ADDRESS  
534 BAYWOOD DR S  
CITY-ST-ZIP  
DUNEDIN FL 34698

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VP.  
Christine R. Hunt  
568 Baywood Dr. N.  
Dunedin FL 34698

14. I 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 with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/99 727-734-0026

Date

Daytime Phone #

CR2E037 (11/98)

0072804