## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 25, 2002 8:00 am Secretary of State **DOCUMENT # 751692** 1. Entity Name BAYWOOD ASSOCIATION, INC. 03-25-2002 90161 026 \*\*\*\*61 25 Principal Place of Business Mailing Address 596 BAYWOOD DR NO 568 BAYWOOD DR N **DUNEDIN FL 34698 DUNEDIN FL 34698** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1728809 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HÚNT, TIMOTHY Street Address (P.O. Box Number is Not Acceptable) 568 BAYWOOD DR N **DUNEDIN FL 34698** City Zip Code 8. 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete TITLE (9/01) change Addition **GIL FREEMAN** Christine Hunt NAME 568 Baywood Dr. N. STREET ADDRESS 2450 BAYWOOD DR W STREET ADDRESS CITY-ST-ZIP **DUNEDIN FL 34698** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition O'CONNELL, ROBERT NAME NAME 2456 BAYWOOD DRIVE WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DUNEDIN FL 34698** CITY-ST-ZIP Delete TITLE TITLE Change Addition BOYER, DENVER NAME NAME Marsha Hansen 534 BAYWOOD DR S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DUNEDIN FL 34698 CITY-ST-ZIP TD TITLE ☐ Delete TITI F ☐ Change Addition hunt, tim NAME NAME STREET ADDRESS 568 BAYWOOD DR N STREET ADDRESS CITY-ST-ZIP DUNEDIN FL 34698 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition CAMERON, MARK NAME STREET ADDRESS 2472 TRADE WINDS DR STREET ADDRESS CITY-ST-ZIP DUNEDIN FL 34698 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 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.