


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90057 011 ****61.25

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| DOCUMENT # 764807 | |  |
| 1. Entity Name BAY WINDS CONDOMINIUM ASSOCIATION, INC. | | |

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| Principal Place of Business 109 10TH STREET NORTH #121 BRADENTON BEACH, FL 34217 US | Mailing Address 109 10TH ST. N. #121 BRADENTON BEACH, FL 34217 US |
|--|---|

50007482



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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01222005 Chg-NP CR2E037 (10/03)

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|--|--|
| 4. FEI Number NOT APPLICABLE | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent | |
| LYCANS, CHERYL 109 10TH ST. N. #121 BRADENTON BEACH, FL 34217 | |

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| 7. Name and Address of New Registered Agent | |
| Name _____ | |
| Street Address (P.O. Box Number is Not Acceptable) _____ | |
| City _____ | |
| FL | 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. I am familiar with, and accept the obligations of registered agent.

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|-----------------|--|------------|
| SIGNATURE _____ | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|-----------------|--|------------|

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| Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|---|---------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MILLER, JAN 1844 BAUER AVE SANDUSKY, OH 44820 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST LYCANS, CHERYL 109 10TH ST. N. #121 BRADENTON BEACH, FL 34217 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COSTELLO, PETER 4363 PRESIDENTIAL AVE CIR EAST BRADENTON, FL 34203 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 109 10TH ST. N. #122 BRADENTON BEACH, FL 34217 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ZELL, MARY JO 25115 OAK DR DAMASCUS, MD 20872 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LADEWSKI, MITCHELL 109 10TH ST. N. #112 BRADENTON BEACH, FL 34217 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

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|---------------------------------|------------------------|
| SIGNATURE: <i>Cheryl Lycans</i> | 1/24/05 (941) 780-1482 |
| CHERYL LYCANS | |