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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLE

APPROVAL
AND
FILED

05 APR 18 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751692

1. Corporation Name Baywood Association, Inc.

REINSTATEMENT 03-05

2. Principal Office Address

596 Baywood Drive
Suite, Apt. #, etc. North

3. Mailing Office Address

2425 Baywood Drive
Suite, Apt. #, etc. East

City & State

Dunedin Florida

City & State

Dunedin Florida

Zip

34698

Country

USA

Zip

34698

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/3/03 01062 025 * 245.00

3/25/1980

5. FEI Number

591728809

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Denise Renna

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

2425 Baywood Drive East 400854204644
05/10/05--01038--015 **122.50

Suite, Apt. #, Etc.

City

Dunedin

State

FL

Zip Code

34698

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Denise Renna
REGISTERED AGENT MUST SIGN

Date 4/13/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Tony Bridgen	534 Baywood Drive South	Dunedin FL 34698
V	Barbara O'Connell	2456 Baywood Drive West	Dunedin FL 34698
S	Celia Jones	2474 Baywood Drive West	Dunedin FL 34698
T	Denise Renna	2425 Baywood Drive East	Dunedin FL 34698
D	Bob O'Connell	2456 Baywood Drive West	Dunedin FL 34698
D	Harry Jones	2474 Baywood Drive West	Dunedin FL 34698

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/05 727-738-4200

Date

Daytime Phone #

CR2E081 (01/05)

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D Michelle Chesiak 563 Tradewinds Drive Dunedin FL 34698

D Marty Russell 520 Baywood Drive South Dunedin FL 34698

D John Savage 588 Baywood Drive South Dunedin FL 34698