

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90061 021 ****61.25

60017330



DOCUMENT # 751692 1. Entity Name BAYWOOD ASSOCIATION, INC.			
Principal Place of Business 596 BAYWOOD DR NO DUNEDIN, FL 34698 US		Mailing Address 2425 BAYWOOD DRIVE EAST DUNEDIN, FL 34698 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO Box 636 Suite, Apt. #, etc.	
City & State Dunedin Florida		City & State Dunedin Florida	
Zip 34697-0636		Zip Pinellas	
Country		Country	
4. FEI Number 59-1728809		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RENNA, DENISE 2425 BAYWOOD DRIVE EAST DUNEDIN, FL 34698		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		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 <input checked="" type="checkbox"/> V NAME O'CONNELL, BARBARA STREET ADDRESS 2456 BAYWOOD DRIVE WEST CITY-ST-ZIP DUNEDIN, FL 34698	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME P O'Connell Barbara STREET ADDRESS 2456 Baywood Drive West CITY-ST-ZIP Dunedin FL 34698	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> S NAME JONES, CELIA STREET ADDRESS 2474 BAYWOOD DRIVE WEST CITY-ST-ZIP DUNEDIN, FL 34698	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> T NAME RENNA, DENISE STREET ADDRESS 2425 BAYWOOD DRIVE EAST CITY-ST-ZIP DUNEDIN, FL 34698	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> D NAME O'CONNELL, BOB STREET ADDRESS 2456 BAYWOOD DRIVE WEST CITY-ST-ZIP DUNEDIN, FL 34698	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> D NAME JONES, HARRY STREET ADDRESS 2474 BAYWOOD DRIVE WEST CITY-ST-ZIP DUNEDIN, FL 34698	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Harry Jones STREET ADDRESS 2474 Baywood Drive West CITY-ST-ZIP Dunedin FL 34698	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> D NAME Mary Russell STREET ADDRESS 520 Baywood Drive South CITY-ST-ZIP Dunedin FL 34698	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Mary Russell STREET ADDRESS 520 Baywood Drive South CITY-ST-ZIP Dunedin FL 34698	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			
SIGNATURE: <u>Denise Renna</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/15/06 727-738-4200 <small>Date Daytime Phone #</small>	

Additions

ATTACHMENT
60017330

D. John Savage #751692
588 Baywood Drive South
Dunedin, FL 34698

D. John Imperato
580 Baywood Drive North
Dunedin, FL 34698

D. Michelle Chesia
563 Trade Winds Drive
Dunedin, FL 34698