2006 NOT-FUR-PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Apr 27, 2006 8:00 am Secretary of State DOCUMENT # N93000004168 1. Entity Name 04-27-2006 90179 022 ****61.25 BAY MEADOW VILLAGE HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 5980 WINSTON TRAILS BLVD LAKE WORTH FL 33463 5980 WINSTON TRAILS BLVD LAKE WORTH FL 33463 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 65-0586836 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CAMPBELL PROP MGMT 5980 WINSTON TRAILS BLVD LAKE WORTH FL 33463 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. the obligations of registered agent SIGNATURE Signature, typed or printed name of registerin agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Delete ☐ Change THUE TITLE ZEUPLENI, EVA NAME NAME 6144 NEWPORT VILLAGE WAY STREET ADDRESS STREET ADORESS LAKE WORTH FL 33463 CITY-S1-ZIP CITY-ST-7IP THIE VΡ ☐ Delete THTLE ☐ Change ☐ Addition MAGNOSON, PETER NAME 6180 ASTORIA DR STREET ADDRESS STREET ADORESS LAKE WORTH FL 33463 CITY-ST-ZIP CHTY-ST-7IP TREASURER Addition TITLE TITLE ☐ Delete KAUFTHEIL, NORMAN PRESIDENT SCHANG BURGIO, FOSEPLR. KAUFTHEIL, MORMAN NAME NAME STREET ADDRESS 6708 REMINGTON PLACE STREET ADDRESS LAKE WORTH FL 33463 CITY - ST - ZIP CITY-ST-ZIP Delete TITLE Addition NAME BURGIO, JOSEPH R NAME STREET ADDRESS 5922 NEWPORT VILLAGE WAY STREET ADORESS LAKE WORTH FL 33463 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition LORIE, WILLIAM B NAME MAME 6692 BROOKHUSRT CIRCLE STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33463 CITY-ST-ZIP CITY-ST-ZIP DIRECTOR Change Addition ☐ Delete TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Fibrida Statutes. Forther capit 2nd the Bornation 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.

FILED