2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#751692

FILED Apr 29, 2009 Secretary of State

Entity Name: BAYWOOD ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

596 BAYWOOD DR NO DUNEDIN, FL 34698 US

Current Mailing Address: New Mailing Address:

P.O. BOX 636

DUNEDIN, FL 346970636 US

FEI Number: 59-1728809 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHESIAK, H. MICHELLE 563 TRADEWINDS DR. DUNEDIN, FL 34698 US

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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: MALAGIEL, DIDER Name: MALAGIES, DIDER

Address: 2416 BAYWOOD DR. W. Address: 2416 BAYWOOD DR. W. City-St-Zip: DUNEDINE, FL 34695 City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete Title: () Change () Addition

 Name:
 RUSSELL, MARTY
 Name:

 Address:
 520 BAYWOOD DR. S.
 Address:

 City-St-Zip:
 DUNEDIN, FL 34698
 City-St-Zip:

 Name:
 STENTE, STEVE
 Name:
 STENTZ, STEVE

 Address:
 501 BAYWOOD DR.
 Address:
 501 BAYWOOD DR.

 City-St-Zip:
 DUNEDIN, FL 34698
 City-St-Zip:
 DUNEDIN, FL 34698

Title: T () Delete Title: () Change () Addition

 Name:
 CHESIAK, MICHELLE
 Name:

 Address:
 563 TRADE WINDS DR.
 Address:

 City-St-Zip:
 DUNEDIN, FL 34698
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 LANZLLOTH, TOM
 Name:
 O'CONNELL, BARBARA

 Address:
 595 BAYWOOD DR. S.
 Address:
 2456 BAYWOOD DR. W.

 City-St-Zip:
 DUNEDIN, FL 34698
 City-St-Zip:
 DUNEDIN, FL 34698

Title: S () Delete Title: () Change () Addition

 Name:
 JONES, CELIA
 Name:

 Address:
 2474 BAYWOOD DR WEST
 Address:

 City-St-Zip:
 DUNEDIN, FL 34698
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: H. MICHELLE CHESIAK T 04/29/2009