

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 751692

**Entity Name:** BAYWOOD ASSOCIATION, INC.**Current Principal Place of Business:**596 BAYWOOD DR NO  
DUNEDIN, FL 34698**Current Mailing Address:**P.O. BOX 636  
DUNEDIN, FL 34697-0636 US**FEI Number:** 59-1728809**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**O'CONNELL, BARBARA L  
2456 BAYWOOD DR. W.  
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

**Officer/Director Detail :**

Title D  
Name RUSSELL, MARTHA  
Address 520 BAYWOOD DR. S.  
City-State-Zip: DUNEDIN FL 34698

Title DIRECTOR  
Name HARRISON, NANCY  
Address 579 TRADEWINDS DR S  
City-State-Zip: DUNEDIN FL 34698

Title DIRECTOR  
Name O'CONNELL, EDWARD  
Address 2463 BAYWOOD DR W  
City-State-Zip: DUNEDIN FL 34698

Title TREASURER  
Name FOUNTAIN, JENNIFER  
Address 2460 BAYWOOD DR E  
City-State-Zip: DUNEDIN FL 34698

Title PRESIDENT  
Name HENDERSON, LYNN  
Address 551 BAYWOOD DR. SOUTH  
City-State-Zip: DUNEDIN FL 34698

Title VP  
Name FROESE, CORINA  
Address 570 BAYWOOD DRIVE SOUTH  
City-State-Zip: DUNEDIN FL 34698

Title DIRECTOR  
Name BROWN, JERRY  
Address 2451 BAYWOOD DR W  
City-State-Zip: DUNEDIN FL 34698

Title DIRECTOR  
Name PEPIN, CHRIS  
Address 2460 BAYWOOD DR E  
City-State-Zip: DUNEDIN FL 34698

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** LYNN HENDERSON

PRESIDENT

04/22/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	SCHUBERT, DERA K
Address	2449 BAYWOOD DR E
City-State-Zip:	DUNEDIN FL 34698