

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 764807

**Entity Name:** BAY WINDS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 25, 2014**  
**Secretary of State**  
**CC2032431537**

**Current Principal Place of Business:**

117 10TH ST N  
#121  
BRADENTON BEACH, FL 34217

**Current Mailing Address:**

117 10TH ST N  
#121  
BRADENTON BEACH, FL 34217 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

LYCANS, CHERYL  
117 10TH ST N  
#121  
BRADENTON BEACH, FL 34217 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            PRESIDENT  
Name            MILLER, GARY  
Address        1844 BAUER AVE  
City-State-Zip: SANDUSKY OH 44820

Title            ST  
Name            LYCANS, CHERYL  
Address        117 10TH ST N., #121  
City-State-Zip: BRADENTON BEACH FL 34217

Title            D  
Name            COSTELLO, PETER  
Address        28283 JENEVA WAY  
City-State-Zip: BONITA SPRINGS FL 34135

Title            D  
Name            ZELL, MARY JO  
Address        25115 OAK DR  
City-State-Zip: DAMASCUS MD 20872

Title            P  
Name            LADEWSKI, MITCHELL  
Address        117 10TH ST. N., #111  
City-State-Zip: BRADENTON BEACH FL 34217

*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: CHERYL LYCANS**

**SECRETARY/TREASURER 02/25/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date