

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

DOCUMENT# N46604

**FILED  
Mar 21, 2018  
Secretary of State  
CC1008289913**

**Entity Name:** BAYWINDS GOLF ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

10221 EMERALD COAST PKWY WEST  
SUITE 5  
MIRAMAR BEACH, FL 32550

**Current Mailing Address:**

10221 EMERALD COAST PKWY WEST  
SUITE 5  
MIRAMAR BEACH, FL 32550 US

**FEI Number: 59-3105846**

**Certificate of Status Desired: No**

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

GELDER, JAY B  
10221 EMERALD COAST PKWY WEST  
SUITE 5  
MIRAMAR BEACH, FL 32550 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            O'DEA, DENNIS  
Address        10221 EMERALD COAST PKWY WEST  
                 SUITE 5  
City-State-Zip: MIRAMAR BEACH FL 32550

Title            VP  
Name            FELL, JIMMY  
Address        10221 EMERALD COAST PKWY WEST  
                 SUITE 5  
City-State-Zip: MIRAMAR BEACH FL 32550

Title            DIRECTOR  
Name            YOUNG, MARK  
Address        10221 EMERALD COAST PKWY WEST  
                 SUITE 5  
City-State-Zip: MIRAMAR BEACH FL 32550

Title            SECRETARY, TREASURER  
Name            KENNEDY, KEVIN  
Address        10221 EMERALD COAST PKWY WEST  
                 SUITE 5  
City-State-Zip: MIRAMAR BEACH FL 32550

Title            DIRECTOR  
Name            PAWELCZYK, BILL  
Address        10221 EMERALD COAST PKWY WEST  
                 SUITE 5  
City-State-Zip: MIRAMAR BEACH FL 32550

*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: KEVIN KENNEDY**

**SECRETARY**

**03/21/2018**

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

\_\_\_\_\_  
Date