

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR -7 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **702223** (9)

1. Corporation Name
BAYWOOD VILLAGE ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**C/O H. ROBERT STAMP
429 MANOR BLVD.
PALM HARBOR FL 34683**

3. Date Incorporated or Qualified **04/03/1961** 3a. Date of Last Report **03/22/1994**
4. FEI Number **58-1914475** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STAMP, H. ROBERT
429 MANOR BLVD.
PALM HARBOR FL 34683**

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	STAMP, H. ROBERT
STREET ADDRESS	429 MANOR BLVD.
CITY - ST - ZIP	PALM HARBOR, FL 34683
TITLE	VD
NAME	LIKEN, LOYAL
STREET ADDRESS	374 WEST WINDS DR.
CITY - ST - ZIP	PALM HARBOR, FL 00000
TITLE	SD
NAME	LIKEN, JOY
STREET ADDRESS	374 WESTWINDS DRIVE
CITY - ST - ZIP	PALM HARBOR, FL 00000
TITLE	TD
NAME	MCLANE, CATHERINE
STREET ADDRESS	233 TIMBERLANE DRIVE
CITY - ST - ZIP	PALM HARBOR FL
TITLE	D
NAME	BISHOP, DANIEL
STREET ADDRESS	4870 BLUE JAY CIRCLE
CITY - ST - ZIP	PALM HARBOR FL
TITLE	D
NAME	BAILEY, THOMAS
STREET ADDRESS	87 EASTWINDS CT.
CITY - ST - ZIP	PALM HARBOR, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	34683
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	34683
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	34683
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D PEASE, DWIGHT
5.3 STREET ADDRESS	4876 BLUE JAY CIRCLE
5.4 CITY - ST - ZIP	PALM HARBOR FL 34683
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	34683

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: H. Robert Stamp 3/11/95 918 938 8256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)