

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 702223 (9)
1. Corporation Name
BAYWOOD VILLAGE ASSOCIATION, INC.



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 **04/07/1995**

2. Principal Place of Business 21 309 WESTWINDS DRIVE	2a. Mailing Address 26	4. FEI Number 59-1914475	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23 PALM HARBOR, FL	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24 34683	Country 25 USA	Zip 29	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	STAMP, H. ROBERT <input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	GREEN JR, LEWIS U. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	429 MANOR BLVD.	1.2 NAME	214 DRIFTWOOD DRIVE SOUTH
STREET ADDRESS	PALM HARBOR, FL 34683	1.3 STREET ADDRESS	PALM HARBOR, FL 34683
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VD	LIKEN, LOYAL <input checked="" type="checkbox"/> DELETE	2.1 TITLE VD	OTERO, EMALANE D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	374 WEST WINDS DR.	2.2 NAME	332 WESTWINDS DRIVE
STREET ADDRESS	PALM HARBOR, FL 00000	2.3 STREET ADDRESS	PALM HARBOR, FL 34683
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE SD	LIKEN, JOY <input checked="" type="checkbox"/> DELETE	3.1 TITLE SD	KLINGLER, LULA T. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	374 WESTWINDS DRIVE	3.2 NAME	4805 ALT U.S. HIGHWAY 19 N. #111
STREET ADDRESS	PALM HARBOR, FL 00000	3.3 STREET ADDRESS	PALM HARBOR, FL 34683
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE TD	MCLANE, CATHERINE <input type="checkbox"/> DELETE	4.1 TITLE D	GILL, DONALD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	233 TIMBERLANE DRIVE	4.2 NAME	302 WESTWINDS DRIVE
STREET ADDRESS	PALM HARBOR FL 34683	4.3 STREET ADDRESS	PALM HARBOR, FL 34683
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D	PEASE, DWIGHT <input type="checkbox"/> DELETE	5.1 TITLE D	PRAMOS, MARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4876 BLUE JAY CIRCLE	5.2 NAME	332 CROSSWINDS DRIVE
STREET ADDRESS	PALM HARBOR FL 34683	5.3 STREET ADDRESS	PALM HARBOR, FL 34683
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE D	BAILEY, THOMAS <input type="checkbox"/> DELETE	6.1 TITLE D	RAYMAKER, HENRY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	87 EASTWINDS CT.	6.2 NAME	50 GULFWINDS DRIVE WEST
STREET ADDRESS	PALM HARBOR, FL 34683	6.3 STREET ADDRESS	PALM HARBOR, FL 34683
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/96 (813) 937-0326

Date Daytime Phone #

CR2E037 (12/95)