

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 309 WESTWINDS DRIVE 429 MANOR BLVD. PALM HARBOR FL 34683 US	Mailing Address C/O H. ROBERT STAMP 429 MANOR BLVD. PALM HARBOR FL 34683-1324
---	---

21 2. Principal Place of Business	2a Mailing Address	3 Date Incorporated or Qualified 04/03/1961	3a Date of Last Report 01/29/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4 FEI Number 59-1914475	Applied For Not Applicable
22 City & State	27 City & State	5 Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	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
	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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME GREEN, LEWIS U. JR.	
STREET ADDRESS 214 DRIFTWOOD DRIVE SOUTH	
CITY-ST-ZIP PALM HARBOR FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME OTERO, EMALANE D.	
STREET ADDRESS 332 WESTWINDS DRIVE	
CITY-ST-ZIP PALM HARBOUR FL	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME KLINGER, LULA T.	
STREET ADDRESS 4805 ALT US HWY 19 NORTH #111	
CITY-ST-ZIP PALM HARBOR FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME MCLANE, CATHERINE	
STREET ADDRESS 233 TIMBERLANE DRIVE	
CITY-ST-ZIP PALM HARBOR FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME PEASE, DWIGHT	
STREET ADDRESS 4876 BLUE JAY CIRCLE	
CITY-ST-ZIP PALM HARBOR FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
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 PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME EMALANE OTERO	
1.3 STREET ADDRESS 332 WESTWINDS DRIVE	
1.4 CITY-ST-ZIP PALM HARBOR, FL 34683	
2.1 TITLE VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME BRUNO SEILER	
2.3 STREET ADDRESS 311 MORNINGSIDE DRIVE	
2.4 CITY-ST-ZIP PALM HARBOR, FL 34683	
3.1 TITLE SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME ANN FREEMAN	
3.3 STREET ADDRESS 317 MORNINGSIDE DRIVE	
3.4 CITY-ST-ZIP PALM HARBOR, FL 34683	
4.1 TITLE TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME CATHERINE MCLANE	
4.3 STREET ADDRESS 223 TIMBERLANE	
4.4 CITY-ST-ZIP PALM HARBOR, FL 34683	
5.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME DONALD GILL	
5.3 STREET ADDRESS 302 WESTWINDS DRIVE	
5.4 CITY-ST-ZIP PALM HARBOR, FL 34683	
6.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME CHARLES SMITH	
6.3 STREET ADDRESS 314 CIRCLE DRIVE	
6.4 CITY-ST-ZIP PALM HARBOR, FL 34683	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Handwritten Signature]* **ROBERT STAMP** 1/29/97

CR2E037 (9/96)