

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

3. Date Incorporated or Qualified: 04/03/1961  
4. FEI Number: 59-1914475 Applied For: Not Applicable  
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. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business  
21 309 WESTWINDS DR. 22 Suite, Apt. #, etc.  
23 PALM HARBOR, FL 24 34683 25 U.S.  
2a. Mailing Address  
28 309 WESTWINDS DR. 27 Suite, Apt. #, etc.  
29 PALM HARBOR, FL 30 34683 31 U.S.

9. Name and Address of Current Registered Agent  
STAMP, H. ROBERT  
429 MANOR BLVD.  
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent  
81 Name: BRUNO W. SEILER  
82 Street Address (P.O. Box Number is Not Acceptable): 311 MORNINGSIDE DR.  
83  
84 City: PALM HARBOR FL 85 Zip Code: 34683

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: *Bruno Seiler* BRUNO W. SEILER PRESIDENT 4-10-98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	OTERO, EMALANE	
STREET ADDRESS	332 WESTWINDS DRIVE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SEILER, BRUNO	
STREET ADDRESS	311 MORNINGSIDE DR	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FREEMAN, ANN	
STREET ADDRESS	317 MORNINGSIDE DR	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MCLANE, CATHERINE	
STREET ADDRESS	223 TIMBERLANE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	QILL, DONALD	
STREET ADDRESS	302 WESTWINDS DR	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, CHARLES	
STREET ADDRESS	314 CIRCLE DR	
CITY-ST-ZIP	PALM HARBOR, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRUNO SEILER	
1.3 STREET ADDRESS	311 MORNINGSIDE DR	
1.4 CITY-ST-ZIP	PALM HARBOR, FL 34683	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ANN SCHAEFER	
2.3 STREET ADDRESS	229 WESTWINDS DR	
2.4 CITY-ST-ZIP	PALM HARBOR, FL 34683	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOANN MAGLIOCCA	
3.3 STREET ADDRESS	336 WESTWINDS CIRCLE	
3.4 CITY-ST-ZIP	PALM HARBOR 34683	
4.1 TITLE	D	<input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *Bruno Seiler* BRUNO SEILER 3-14-98 813-942-1447

CR2E037 (10/97)