

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 702223

1. Corporation Name
BAYWOOD VILLAGE ASSOCIATION, INC.

Principal Place of Business 309 WESTWINDS DR 429 MANOR BLVD. PALM HARBOR FL 34683 US	Mailing Address 309 WESTWINDS DR 429 MANOR BLVD PALM HARBOR FL 34683 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/03/1961
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1914475
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SEILER, BRUNO W
 311 MORNINGSID DR
 PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name: **Emalane D. Otero**
 82 Street Address (P.O. Box Number is Not Acceptable): **332 Westwinds 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: *[Signature]* DATE: **3/23/99**

12. OFFICERS AND DIRECTORS	
TITLE: PD	NAME: BRUNO, SEILER
STREET ADDRESS: 311 MORNINGSID DR	CITY-ST-ZIP: PALM HARBOR FL 34683
TITLE: VD	NAME: SCHAEFER, ANN
STREET ADDRESS: 229 WESTWINDS DR	CITY-ST-ZIP: PALM HARBOR FL 34683
TITLE: TD	NAME: MAGGIOCCA, JOANN
STREET ADDRESS: 336 WESTWINDS CIR	CITY-ST-ZIP: PALM HARBOR FL 34683
TITLE: D	NAME: MCLANE, CATHERINE
STREET ADDRESS: 223 TIMBERLANE	CITY-ST-ZIP: PALM HARBOR FL 34683
TITLE: D	NAME: GILL, DONALD
STREET ADDRESS: 302 WESTWINDS DR	CITY-ST-ZIP: PALM HARBOR FL
TITLE: D	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	1.2 NAME: Emalane D Otero
1.3 STREET ADDRESS: 332 Westwinds Dr	1.4 CITY-ST-ZIP: P.H. FL 34683
2.1 TITLE: V.O.	2.2 NAME: Melody Yancey
2.3 STREET ADDRESS: 300 Westwinds Dr.	2.4 CITY-ST-ZIP: P.H. FL 34683
4.1 TITLE: D.	4.2 NAME: John Tolbert
4.3 STREET ADDRESS: 363 Westwinds Dr	4.4 CITY-ST-ZIP: P.H. FL 34683

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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **1-13-99** 727-9421766

CR2E037 (1/98)