

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702223

1. Entity Name

BAYWOOD VILLAGE ASSOCIATION, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90002 034 ****61.25

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 34683-1324 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 59-1914475	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OTERO, EMALANE D
 332 WESTWINDS DR.
 PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

Name: **Geraldine Anselmi**
 Street Address (P.O. Box Number is Not Acceptable): **318 Circle Dr**
 City: **Palm Harbor** FL Zip Code: **34683**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: *Geraldine Anselmi (Geraldine Anselmi)* DATE: 2/1/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	OTERO, EMALANE D	
STREET ADDRESS	332 WESTWINDS DR.	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	VD	<input type="checkbox"/> Delete
NAME	YANCEY, MELODY	
STREET ADDRESS	300 WESTWINDS DR.	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MAGLIOCCA, JOANN	
STREET ADDRESS	336 WESTWINDS CIR	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOLBERT, JOHN	
STREET ADDRESS	363 WESTWINDS DR.	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GILL, 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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Young, Robert		
STREET ADDRESS	316 Circle Dr		
CITY-ST-ZIP	Palm Harbor FL 34683		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Anselmi, Geraldine		
STREET ADDRESS	318 Circle Dr		
CITY-ST-ZIP	Palm Harbor FL 34683		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert M Young* DATE: 2/1/00 DAYTIME PHONE #: 934-9204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)