

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

0080819

05-18-2001 91550 002 \*\*\*\*61.25

**DOCUMENT # 702223**

1. Entity Name

**BAYWOOD VILLAGE ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

309 WESTWINDS DR  
~~429 MANOR BLVD.~~  
 PALM HARBOR FL 34683  
 US

*Please Change*

309 WESTWINDS DR  
~~429 MANOR BLVD.~~  
 PALM HARBOR FL 34683  
 US

**C0068349**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*309 Westwinds*  
 Suite, Apt. #, etc.

*309 west winds*  
 Suite, Apt. #, etc.

City & State

*Palm Harbor FL*

City & State

*Palm Harbor FL*

4. FEI Number

**59-1914475**

Applied For

Not Applicable

Zip

*34683*

Country

*Florida*

Zip

*34683*

Country

*Florida*

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ANSELM, GERALDINE**  
**318 CIRCLE DR**  
**PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	YOUNG, ROBERT	
STREET ADDRESS	316 CIRCLE 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	SD	<input type="checkbox"/> Delete
NAME	ANSELM, GERALDINE	
STREET ADDRESS	3187 CIR DR	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, CHARLES	
STREET ADDRESS	314 CIRCLE DR	
CITY-ST-ZIP	PALM HARBOR FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Geraldine Y. Anselmi*

*5/15/01 727 938-7705*

CR2E037 (10/00)