2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 09, 2004 8:00 am **Secretary of State** DOCUMENT # 702223 1. Entity Name - 1 03-09-2004 90006 033 ****70.00 BAYWOOD VILLAGE ASSOCIATION, INC. Mailing Address Principal Place of Business 309 WESTWINDS DR. PALM HARBOR FL 34683 309 WESTWINDS DR. PALM HARBOR FL 34683 SAUTENRE J 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE Applied For City & State City & State 4. FEI Number 59-1914475 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 204 DRIFTWOOD DR.W. PAlm HARbor, FL 34683 Zip Code bmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of re March 3, 200 RICHARD B AUGBO SIGNATURE Make Check Payable to 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE Addition TITLE ☐ Delete President YOUNG, ROBERT Richard Auger NAME NAME 316 CIRCLE DR STREET ADDRESS STREET ADDRESS 204 DR: Stwood DRW. PALM HARBOR FL 34683 CITY-ST-ZIP CITY-ST-ZIP V. PeesiVeNT TONY SOWA Addition Delete TITLE TITLE COURTAS, BEVERLY S-NAME MAME 300 MORNINGSIDE 350 Westwinds Dr STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIP CITY-ST-ZIP 683 D_TREASURCR ☐ Change Addition ☐ Delete TITI F TITLE MAGLIOCCA, JOANN --NAME LARA SHANCE NAME 336 WESTWINDS CIR STREET ADDRESS STREET ADDRESS 301 CROSS winds DR PALM HARBOR FL 34683 CITY-ST-ZIP CITY-ST-ZIP PAIN HARBOR FL Addition Delete TITLE MOARTHUR, CHANNINA Tom TRASK 210 MORNINGSI de DR PALM HARBOR, F1 34683 NAME NAME 202 MORNINGSIDE STREET ADDRESS STREET ADDRES PALM HARBOR FL 34683 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TOWNSEND CHRIS NAME NAME 4954:ROBIN-TR STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE EORMAN, BIEL NAME NAME 221 DRIFTWOOD DRIN-STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIP 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.

KICHARDIS. HUGER

SIGNATURE:

FILED