

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

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90006 033 ****70.00

DOCUMENT # 702223
 1. Entity Name
BAYWOOD VILLAGE ASSOCIATION, INC.



34016066



MOORE CR2E037 (11/03)

Principal Place of Business: 309 WESTWINDS DR., PALM HARBOR FL 34683 US
 Mailing Address: 309 WESTWINDS DR., PALM HARBOR FL 34683 US

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State
 Zip: Country

4. FEI Number: 59-1914475
 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 Richard Auger
 204 Driftwood Dr. W.
 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: Richard B. Auger DATE: March 3, 2004

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: D	YOUNG, ROBERT <input type="checkbox"/> Delete
NAME:	316 CIRCLE DR
STREET ADDRESS:	PALM HARBOR FL 34683
CITY-ST-ZIP:	
TITLE: D	COURTAS, BEVERLY S. <input checked="" type="checkbox"/> Delete
NAME:	300 MORNINGSIDE
STREET ADDRESS:	PALM HARBOR FL 34683
CITY-ST-ZIP:	
TITLE: D - TREASURER	MAGLIocca, JOANN <input type="checkbox"/> Delete
NAME:	336 WESTWINDS CIR
STREET ADDRESS:	PALM HARBOR FL 34683
CITY-ST-ZIP:	
TITLE: D	MARTHUR, CHANNINA <input checked="" type="checkbox"/> Delete
NAME:	202 MORNINGSIDE
STREET ADDRESS:	PALM HARBOR FL 34683
CITY-ST-ZIP:	
TITLE: D	TOWNSEND, CHRIS <input checked="" type="checkbox"/> Delete
NAME:	4954 ROBIN TR
STREET ADDRESS:	PALM HARBOR FL 34683
CITY-ST-ZIP:	
TITLE: D	FORMAN, BIEC <input checked="" type="checkbox"/> Delete
NAME:	221 DRIFTWOOD DR N
STREET ADDRESS:	PALM HARBOR FL 34683
CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:	Richard Auger
STREET ADDRESS:	204 Driftwood Dr. W. Palm Harbor FL 34683
CITY-ST-ZIP:	
TITLE: V. President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:	Tony Sowa
STREET ADDRESS:	350 Westwinds Dr
CITY-ST-ZIP:	Palm Harbor, FL 34683
TITLE: Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:	Lara Shane
STREET ADDRESS:	301 Crosswinds Dr
CITY-ST-ZIP:	Palm Harbor, FL 34683
TITLE: Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:	Tom Trask
STREET ADDRESS:	210 Morningside Dr
CITY-ST-ZIP:	Palm Harbor, FL 34683
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: Richard B. Auger DATE: March 3, 2004 DAYTIME PHONE #: 727.939.3308