

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90169 017 ****70.00

DOCUMENT # 702223

1. Entity Name

BAYWOOD VILLAGE ASSOCIATION, INC.



Principal Place of Business

309 WESTWINDS
 PALM HARBOR FL 34683
 US

Mailing Address

309 WESTWINDS
 PALM HARBOR FL 34683
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE CR2E037 (10/04)

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

AUGER, RICHARD
 204 DRIFTWOOD DR. W.
 PALM HARBOR FL 34683

NORMAN Devries
 52 Gulfwinds Dr. W.
 Palm Harbor, FL
 34683

7. Name and Address of New Registered Agent

Name *Norm Devries*
 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 *NORMAN Devries* *Norm Devries* 1/25/05
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2005

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D	YOUNG, ROBERT	316 CIRCLE DR	PALM HARBOR FL 34683	<input checked="" type="checkbox"/>
P	AUGER, RICHARD	204 DRIFTWOOD DR. W.	PALM HARBOR FL 34683	<input checked="" type="checkbox"/>
D	MAGLIOCCA, JOANN	336 WESTWINDS CIR	PALM HARBOR FL 34683	<input type="checkbox"/>
VP	SOWA, TONY	350 WESTWINDS DRIVE	PALM HARBOR FL 34683	<input checked="" type="checkbox"/>
S	SHANE, LARA	301 CROSSWINDS DR.	PALM HARBOR FL 34683	<input type="checkbox"/>
D	TRASK, TOM	210 MORNINGSIDE DR.	PALM HARBOR FL 34683	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	<i>NORMAN Devries, Pres</i>	<i>52 Gulfwinds Dr. W.</i>	<i>Palm Harbor, FL 34683</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V. Pres.	<i>Betsy Rutkowski</i>	<i>321 Crosswinds Dr.</i>	<i>Palm Harbor, FL 34683</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<i>TREASURER</i>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Director	<i>Ray Thorn</i>	<i>234 Westwinds Dr</i>	<i>Palm Harbor, FL 34683</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: *Norm Devries* *Norm Devries* 1/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

Director Phone #