

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90048 024 ****61.25



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 (10/05)



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

7. Name and Address of New Registered Agent

**DEVRIES, NORMAN
52 GULFWINDS DR W
PALM HARBOR FL 34683**

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

Norm Devries

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-06

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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	P	<input type="checkbox"/> Delete
NAME	DEVRIES, NORMAN	
STREET ADDRESS	52 GULFWINDS DR	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RUTKOWSKI, BETSY	
STREET ADDRESS	321 CROSSWINDS DR	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	T	<input type="checkbox"/> Delete
NAME	MAGLIOCCA, JOANN	
STREET ADDRESS	336 WESTWINDS CIR	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THORN, RAY	
STREET ADDRESS	224 WEST WINDS DR	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHANE, LARA	
STREET ADDRESS	301 CROSSWINDS DR.	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TRASK, TOM	
STREET ADDRESS	210 MORNINGSIDE DR.	
CITY-ST-ZIP	PALM HARBOR FL 34683	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VERNON English	
STREET ADDRESS	404 FLAMINGO CR.	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIA Housepian	
STREET ADDRESS	215 Westwinds Dr.	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joe Schmalzfeldt	
STREET ADDRESS	208 Driftwood Dr. W.	
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 exemptions contained in Section 119, 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:

Jeanne Magliocca Joann

1/30/06 727-937-3360