

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90094 045 ****61.25

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



Principal Place of Business Mailing Address
 309 WESTWINDS 309 WESTWINDS
 PALM HARBOR FL 34683 PALM HARBOR FL 34683
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State City & State
 Zip Country 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
DEVRIES, NORMAN
52 GULFWINDS 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 DRW 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 checked="" 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: ENGLISH, VERNON STREET ADDRESS: 404 FLAMINGO CR. CITY-ST-ZIP: PALM HARBOR FL 34683
TITLE: S <input checked="" type="checkbox"/> Delete	NAME: SHANE, LARA STREET ADDRESS: 301 CROSSWINDS DR. CITY-ST-ZIP: PALM HARBOR FL 34683
TITLE: D <input type="checkbox"/> Delete	NAME: HOVSEPIAN, MARIA STREET ADDRESS: 215 WESTWINDS DR. CITY-ST-ZIP: PALM HARBOR FL 34683

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <i>MARIA HOVSEPIAN</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <i>215 Westwinds DR</i> CITY-ST-ZIP: <i>PALM HARBOR FL 34683</i>
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <i>ANN SCHAEFER</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS: <i>229 Westwinds DR</i> CITY-ST-ZIP: <i>PALM HARBOR FL 34683</i>
TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <i>Ed PRESUTTI</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS: <i>216 Driftwood DR N.</i> CITY-ST-ZIP: <i>PALM HARBOR FL 34683</i>

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: *Maria Hovsepian* **MARIA HOVSEPIAN TRES. 1-27-07 727 944-2550**