

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90023 027 ****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 - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent
DEVRIES, NORMAN
52 GULFWINDS DR W
PALM HARBOR FL 34683

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

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

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, 2008.

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 NAME: DEVRIES, NORMAN STREET ADDRESS: 52 GULFWINDS DRW CITY-ST-ZIP: PALM HARBOR FL 34683	<input type="checkbox"/> Delete
TITLE: VP NAME: RUTKOWSKI, BETSY STREET ADDRESS: 321 CROSSWINDS DR CITY-ST-ZIP: PALM HARBOR FL 34683	<input type="checkbox"/> Delete
TITLE: T NAME: MAGLIOCCA, JOANN STREET ADDRESS: 215 WESTWINDS DRIVE CITY-ST-ZIP: PALM HARBOR FL 34683	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: ENGLISH, VERNON STREET ADDRESS: 404 FLAMINGO CR. CITY-ST-ZIP: PALM HARBOR FL 34683	<input checked="" type="checkbox"/> Delete
TITLE: S NAME: SCHAEFER, ANN STREET ADDRESS: 229 WESTWINDS DRIVE CITY-ST-ZIP: PALM HARBOR FL 34683	<input type="checkbox"/> Delete
TITLE: D NAME: PRESUTTI, ED STREET ADDRESS: 216 DRIFTWOOD DRIVE N CITY-ST-ZIP: PALM HARBOR FL 34683	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TREASURER NAME: MARIA HOVSEPIAN STREET ADDRESS: 215 Westwinds Dr. CITY-ST-ZIP: PALM HARBOR FL. 34683	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Norman Devries President 1-30-08 727-943-8608*