

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702223

FILED
Jan 16, 2009
Secretary of State

Entity Name: BAYWOOD VILLAGE ASSOCIATION, INC.

Current Principal Place of Business:

309 WESTWINDS
PALM HARBOR, FL 34683 US

New Principal Place of Business:

Current Mailing Address:

309 WESTWINDS
PALM HARBOR, FL 34683 US

New Mailing Address:

FEI Number: 59-1914475 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEVRIES, NORMAN
Address: 52 GULFWINDS DRW
City-St-Zip: PALM HARBOR, FL 34683

Title: VP () Delete
Name: RUTKOWSKI, BETSY
Address: 321 CROSSWINDS DR
City-St-Zip: PALM HARBOR, FL 34683

Title: T () Delete
Name: HOVSEPIAN, MARIA
Address: 215 WESTWINDS DRIVE
City-St-Zip: PALM HARBOR, FL 34683

Title: S () Delete
Name: SCHAEFER, ANN
Address: 229 WESTWINDS DRIVE
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: PRESUTTI, ED
Address: 216 DRIFTWOOD DRIVE N
City-St-Zip: PALM HARBOR, FL 34683

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: KELLEY, JERRY
Address: 401 DRIFTWOOD DR. E.
City-St-Zip: PALM HARBOR, FL 34683

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HOVSEPIAN, ED
Address: 215 WESTWINDS DR.P
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Change (X) Addition
Name: HERNDON, EDWINA
Address: 4710 INNISFIL ST.
City-St-Zip: PALM HARBOR, FL 34683

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN DE VRIES

P

01/16/2009

Electronic Signature of Signing Officer or Director

Date