2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 750387

FILED Oct 09, 2008 Secretary of State

Entity Name: BAYWOOD VILLAGE #5 HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:		New Principa	New Principal Place of Business:	
89 EASTW PALM HAR	INDS CT RBOR, FL 34683 US			
Current Mailing Address:		New Mailing	New Mailing Address:	
89 EASTW PALM HAR	/INDS CT RBOR, FL 34683 US			
	59-2312647 FEI Number Applied For() FE ce with s. 607.193(2)(b), F.S., the corporation did not reco Address of Current Registered Agent:	•	ble () Certificate of Status Desired ()	
HERNDON, DAVID 69 GULFWINDS DR PALM HARBOR, FL 34683 US		32 BAYWOOI	JAEGER, JEFF 32 BAYWOOD DR PALM HARBOR, FL 34683 US	
The above in the State	named entity submits this statement for the purpo e of Florida.	se of changing its r	registered office or registered agent, or both,	
SIGNATUF	RE: JEFF JAEGER		10/09/2008	
	Electronic Signature of Registered Agent		Date	
OFFICERS	S AND DIRECTORS:	ADDITIONS/	CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	TD () Delete LEWIS, TORI C 89 EASTWINDS CT PALM HARBOR, FL 34683	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () Delete ALLEN, SCOTT 60 GULFWINDS DR PALM HARBOR, FL 34683	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () Delete BALL, TERESA 29 BAYWOOD DR PALM HARBOR, FL 34683	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete JAEGER, JEFF 32 BAYWOOD DR PALM HARBOR, FL 34683 US	Address: 32	D (X) Change () Addition AEGER, JEFF 2 BAYWOOD DR ALM HARBOR, FL 34683 US	
Title: Name: Address: City-St-Zip:	D () Delete DEVRIES, JOYCE 52 GULFWINDS DR W PALM HARBOR, FL 34683	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () Delete HERNDON, DAVID 69 GULF WINDS DR PALM HARBOR, FL 34683	Address: 4	(X) Change () Addition AMPBELL, SCOTT 4 GULFWINDS DR W ALM 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: TORI LEWIS T 10/09/2008