2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# 750387

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

Current Principal Place of Business:

89 EASTWINDS CT
PALM HARBOR, FL 34683 US

New Principal Place of Business:

Current Mailing Address:

89 EASTWINDS CT
PALM HARBOR, FL 34683 US

New Mailing Address:

FEI Number: 59-2312647 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAEGER, JEFF
32 BAYWOOD DR
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: TD ( ) Delete
Name: LEWIS, TORI C
Address: 89 EASTWINDS CT
City-St-Zip: PALM HARBOR, FL 34683

Title: VD ( ) Delete
Name: ALLEN, SCOTT
Address: 60 GULFWINDS DR
City-St-Zip: PALM HARBOR, FL 34683

Title: SD ( ) Delete
Name: BALL, TERESA
Address: 29 BAYWOOD DR
City-St-Zip: PALM HARBOR, FL 34683

Title: PD ( ) Delete
Name: JAEGER, JEFF
Address: 32 BAYWOOD DR
City-St-Zip: PALM HARBOR, FL 34683 US

Title: D ( ) Delete
Name: DEVRIES, JOYCE
Address: 52 GULFWINDS DR W
City-St-Zip: PALM HARBOR, FL 34683

Title: D ( ) Delete
Name: CAMPBELL, SCOTT
Address: 44 GULFWINDS DR W
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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 04/24/2009

Electronic Signature of Signing Officer or Director — Date