


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90046 009 \*\*\*\*61.25

<b>DOCUMENT # 751692</b> 1. Entity Name <b>BAYWOOD ASSOCIATION, INC.</b>					
Principal Place of Business <b>596 BAYWOOD DR NO DUNEDIN, FL 34698 US</b>			Mailing Address <b>P.O. BOX 636 DUNEDIN, FL 34697-0636 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1728809</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>RENNA, DENISE 2425 BAYWOOD DRIVE EAST DUNEDIN, FL 34698</b>				7. Name and Address of New Registered Agent Name <b>H. Michelle Chesiak</b> Street Address (P.O. Box Number is Not Acceptable) <b>563 Tradewinds Dr.</b> City <b>Dunedin</b> <b>FL</b> Zip Code <b>34698</b>	
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 <b>H. Michelle Chesiak</b> DATE <b>4-20-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'CONNELL, BARBARA 2456 BAYWOOD DRIVE WEST DUNEDIN, FL 34698	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director DIOGER MALAGUE 2416 BAYWOOD DR. W DUNEDIN, FL 34698	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHESIAK, MICHELLE 563 TRADEWINDS DR DUNEDIN, FL 34698	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARTY RUSSELL 5300 BAYWOOD DR. S. DUNEDIN, FL 34698	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RENNA, DENISE 2425 BAYWOOD DRIVE EAST DUNEDIN, FL 34698	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEVE STEINER 591 BAYWOOD DR. NO DUNEDIN FLA 34698	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CONNELL, BOB 2456 BAYWOOD DRIVE WEST DUNEDIN, FL 34698	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Michelle Chesiak 563 Tradewinds Dr. Dunedin, FL 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JONES, HARRY 2474 BAYWOOD DRIVE WEST DUNEDIN, FL 34698	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Tom Lanzillo 595 Baywood Dr. S. Dunedin FL 34698	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, CELIA 2474 BAYWOOD DR WEST DUNEDIN, FL 34698	<input type="checkbox"/> Delete	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 Chapter 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: <b>H. Michelle Chesiak</b> <b>H. Michelle Chesiak</b> <b>4-20-08</b> <b>727-542-6261</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					