2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# 751692

Entity Name: BAYWOOD ASSOCIATION, INC.

Current Principal Place of Business:

596 BAYWOOD DR NO
DUNEDIN, FL 34698 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 636
DUNEDIN, FL 346970636 US

New Mailing Address:

FEI Number: 59-1728809 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHESIAK, H. MICHELLE
563 TRADEWINDS DR.
DUNEDIN, FL 34698 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:	D	( ) Delete
Name:	MALAGIEL, DIDER	
Address:	2416 BAYWOOD DR. W.	
City-St-Zip:	DUNEDINE, FL 34695	
Title:	D	( ) Delete
Name:	RUSSELL, MARTY	
Address:	520 BAYWOOD DR. S.	
City-St-Zip:	DUNEDIN, FL 34698	
Title:	D	( ) Delete
Name:	STENTE, STEVE	
Address:	501 BAYWOOD DR.	
City-St-Zip:	DUNEDIN, FL 34698	
Title:	T	( ) Delete
Name:	CHESIAK, MICHELLE	
Address:	563 TRADE WINDS DR.	
City-St-Zip:	DUNEDIN, FL 34698	
Title:	D	( ) Delete
Name:	LANZLLOTH, TOM	
Address:	595 BAYWOOD DR. S.	
City-St-Zip:	DUNEDIN, FL 34698	
Title:	S	( ) Delete
Name:	JONES, CELIA	
Address:	2474 BAYWOOD DR WEST	
City-St-Zip:	DUNEDIN, FL 34698	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D	(X) Change ( ) Addition
Name:	MALAGIES, DIDER	
Address:	2416 BAYWOOD DR. W.	
City-St-Zip:	DUNEDIN, FL 34698	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	STENTZ, STEVE	
Address:	501 BAYWOOD DR.	
City-St-Zip:	DUNEDIN, FL 34698	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	O'CONNELL, BARBARA	
Address:	2456 BAYWOOD DR. W.	
City-St-Zip:	DUNEDIN, FL 34698	
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: H. MICHELLE CHESIAK T 04/29/2009

Electronic Signature of Signing Officer or Director — Date