

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 08:00 AM
Secretary of State

DOCUMENT # 755243

1. Entity Name
BAY WINDS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
30 BAYSHORE DRIVE
PENSACOLA, FL 32507

Mailing Address
30 BAYSHORE DRIVE
PENSACOLA, FL 32507



05142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3535439	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CHESTERFIELD, CLARA D
30 BAYSHORE DRIVE
PENSACOLA, FL 32507

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBINSON, CHRISTOPHER M 46 BAYSHORE DR PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S CHESTERFIELD, CLARA D 30 BAYSHORE DR PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANHORN, WILLIAM 41 BAYSHORE DR. PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, ANTHONY 47 BAYSHORE DR PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000951679
06/04/08-80045-018 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Clara D. Chesterfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-14-08

Date

Daytime Phone #