

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760192

FILED
Apr 28, 2008
Secretary of State

Entity Name: BAYWOOD VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

E BAYWOOD SQUARE
DAYTONA BEACH, FL 32119

New Principal Place of Business:

Current Mailing Address:

VOLUSIA COMMUNITY MANAGEMENT
500 FOREST LAKE BLVD
DAYTONA BEACH, FL 32119 US

New Mailing Address:

FEI Number: 59-2350914 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RANSBOTTOM, LUELLEN
991 OLD MILL RD
ORMOND BEACH, FL 32174 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: T () Delete
Name: WAGNER, JEANETTE
Address: 174 E BAYWOOD SQ
City-St-Zip: DAYTONA BEACH, FL 32119

Title: P () Delete
Name: O'ROUKE, KEVIN
Address: 154 E BAYWOOD SQ
City-St-Zip: DAYTONA BEACH, FL 32119

Title: VP () Delete
Name: HYDE, CHRISTINE
Address: 110 BAYWOOD SQ
City-St-Zip: DAYTONA BEACH, FL 32119

Title: D () Delete
Name: BARTOSIEWICZ, PAUL
Address: 140 BAY WOOD SQ
City-St-Zip: DAYTONA BEACH, FL 32119

Title: S () Delete
Name: SELLARS, DEBORAH
Address: 180 EAST BAYWOOD SQUARE
City-St-Zip: DAYTONA BEACH, FL 32119

Title: D () Delete
Name: DU BOIS, PAUL
Address: 120 BAY WOOD SQ
City-St-Zip: DAYTONA BEACH, FL 32119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: CALIMAREA, LYDIA
Address: PO BOX 10027
City-St-Zip: DAYTONA BEACH, FL 32120

Title: D (X) Change () Addition
Name: BARTOSIEWICZ, MARK
Address: 140 BAY WOOD SQ
City-St-Zip: DAYTONA BEACH, FL 32119

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: KEVIN O'ROURKE

PRES

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date