

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90057 011 \*\*\*\*61.25

**DOCUMENT # 764807**

1. Entity Name  
**BAY WINDS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**109 10TH STREET NORTH  
#121  
BRADENTON BEACH, FL 34217 US**

Mailing Address  
**109 10TH ST. N. #121  
BRADENTON BEACH, FL 34217 US**

**50007482**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LYCANS, CHERYL  
109 10TH ST. N. #121  
BRADENTON BEACH, FL 34217**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MILLER, JAN**  
CITY-ST-ZIP **1844 BAUER AVE  
SANDUSKY, OH 44820**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **ST**  
STREET ADDRESS **LYCANS, CHERYL**  
CITY-ST-ZIP **109 10TH ST. N. #121  
BRADENTON BEACH, FL 34217**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **COSTELLO, PETER**  
CITY-ST-ZIP **4363 PRESIDENTIAL AVE CIR EAST  
BRADENTON, FL 34203**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **109 10TH ST. N. #122**  
CITY-ST-ZIP **BRADENTON BEACH, FL 34217**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **ZELL, MARY JO**  
CITY-ST-ZIP **25115 OAK DR  
DAMASCUS, MD 20872**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **LADEWSKI, MITCHELL**  
CITY-ST-ZIP **109 10TH ST. N. #112  
BRADENTON BEACH, FL 34217**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Cheryl Lycans*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**CHERYL LYCANS**

*1/24/05 (941) 780-1482*  
Date Daytime Phone #