


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 10, 2008 08:00 AM  
Secretary of State**

<b>DOCUMENT # 764807</b> 1. Entity Name <b>BAY WINDS CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>117 10TH ST N #121 BRADENTON BEACH, FL 34217 US</b>	Mailing Address <b>117 10TH ST N #121 BRADENTON BEACH, FL 34217 US</b>
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**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

**LYCANS, CHERYL  
117 10TH ST N  
#121  
BRADENTON BEACH, FL 34217**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<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</b> May Be Added to Fees	<b>U000000778797 01/11/08-80011-024 61.25</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MILLER, JAN 1844 BAUER AVE SANDUSKY, OH 44820</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST LYCANS, CHERYL 117 10TH ST N., #121 BRADENTON BEACH, FL 34217</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COSTELLO, PETER 28283 JENEVA WAY BONITA SPRINGS, FL 34135</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ZELL, MARY JO 25115 OAK DR DAMASCUS, MD 20872</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LADEWSKI, MITCHELL 117 10TH ST. N., #121 BRADENTON BEACH, FL 34217</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** *Cheryl Lycans* *Secretary/Treasurer* *1/8/08* *(941) 364-2440*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #