


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 769299 1. Entity Name BAYMEADOWS HOMEOWNERS' ASSOCIATION OF CITRUS COUNTY, INC.	
--	---



01232005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3020161	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**METCALFE, SUSAN J
E BAY MEADOWS DR
9426
INVERNESS, FL 34450**

**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 May 1, 2005**

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	PD GOODRICH, WILLIAM 9441 E BAY MEADOWS DR INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BRASHEAR, ROBERT 9797 E BAYMEADOWS DR INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD METCALFE, SUSAN J 9426 E. BAYMEADOWS DRIVE INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD STATEN, EDWARD 9460 E BAYMEADOWS DR INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000238612
02/22/05-80006-017 61.25

**DO NOT WRITE
IN THIS SPACE**

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

Susan J. Metcalfe

Susan J. Metcalfe

2/17/2005

352 527 7671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #