

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 A
Secretary of State

DOCUMENT # 769299

1. Entity Name
**BAYMEADOWS HOMEOWNERS' ASSOCIATION OF
CITRUS COUNTY, INC.**



Principal Place of Business
**9441 E BAYMEADOWS DR
INVERNESS, FL 34450**

Mailing Address
**9441 E BAYMEADOWS DR
INVERNESS, FL 34450**



02202007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3020161

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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, 2007**

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

U000000671301
03/28/07-80022-020 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:

Susan J. Metcalfe

Susan J Metcalfe

3/15/07

352-527-7671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #