

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90199 028 ****61.25

DOCUMENT # N01000003663 1. Entity Name ESTATES AT BAYWINDS NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business SEACREST SERVICES INC 2400 CENTRE PARK W DRIVE #175 WEST PALM BEACH, FL 33409			Mailing Address SEACREST SERVICES INC 2400 CENTRE PARK W DRIVE #175 WEST PALM BEACH, FL 33409		
2. Principal Place of Business <i>Residential Realty Group</i> Suite, Apt. #, etc. <i>2 Harvard Circle #100</i> City & State <i>West Palm Beach FL</i> Zip <i>33409</i> Country <i>USA</i>				3. Mailing Address <i>Residential Realty Group</i> Suite, Apt. #, etc. <i>SAME</i> City & State <i>SAME</i> Zip Country	
4. FEI Number 04202006 Chg-NP CR2E037 (11/05)				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent LEVINE, JAY STEVEN 3300 PGA BLVD STE 970 PALM BEACH GARDENS, FL 33410	
7. Name and Address of New Registered Agent Name <i>Rita Scott 2 Residential Realty</i> Street Address (P.O. Box Number is Not Acceptable) <i>2 Harvard Circle #100</i> <i>West Palm Beach, FL</i> City <i>FL</i> Zip Code <i>33409</i>				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 <i>Rita Scott</i> DATE <i>4/20/06</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD MIKUS, JOHN 9566 LANTERN BAY CIR. WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERKOWITZ, LEONARD 9456 LANTERN BAY CIR WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAISER, DAVID 9437 LANTERN BAY CIR WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELICK, MARVIN 9477 LANTERN BAY CIR WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPTON, GERALD 9434 LANTERN BAY CIR. WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAAB, IRA 375 WESTWOOD ROAD WOODMERE, NY 11598	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>David Kaiser</i> <i>DAVID KAISER</i> <i>4/25/06</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

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