

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90866 035 \*\*\*\*61.25

DOCUMENT # N01000003663

1. Entity Name  
ESTATES AT BAYWINDS NEIGHBORHOOD  
ASSOCIATION, INC.



Principal Place of Business  
RESIDENTIAL REALTY GROUP  
2 HERVARD CIR 100  
WEST PALM BEACH, FL 33409

Mailing Address  
RESIDENTIAL REALTY GROUP  
2 HERVARD CIR 100  
WEST PALM BEACH, FL 33409

2. Principal Place of Business - No P.O. Box #  
**9437 LANTERN BAY CIRCLE**  
Suite, Apt. #, etc.

3. Mailing Address  
**9437 LANTERN BAY CIRCLE**  
Suite, Apt. #, etc.

City & State  
**WEST PALM BEACH FL**

City & State  
**WEST PALM BEACH FL**

Zip  
**33411**

Country

Zip  
**33411**

Country

04272007 Chg-NP CR2E037 (12/06)

4. FEI Number  
04-3598424

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, RITA  
%RESIDENTIAL REALTY  
2 HARVARD CIR 100  
WEST PALM BEACH, FL 33409

7. Name and Address of New Registered Agent

Name **DAVID KAISER**

Street Address (P.O. Box Number is Not Acceptable)  
**9437 LANTERN BAY CIRCLE**

City **WEST PALM BEACH**

FL

Zip Code  
**33411**

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 **David Kaiser** **DAVID KAISER**  
Signature, typed or printed name of registered agent and title if applicable

**4/27/07**  
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

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **T** ☐ Delete  
NAME **MIKUS, JOHN**  
STREET ADDRESS **9566 LANTERN BAY CIR.**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

TITLE **VD** ☒ Delete  
NAME **BERKOWITZ, LEONARD**  
STREET ADDRESS **9456 LANTERN BAY CIR**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

TITLE **P** ☐ Delete  
NAME **KAISER, DAVID**  
STREET ADDRESS **9437 LANTERN BAY CIR**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

TITLE **D** ☐ Delete  
NAME **ELICK, MARVIN**  
STREET ADDRESS **9477 LANTERN BAY CIR**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

TITLE **D** ☒ Delete  
NAME **LIPTON, GERALD**  
STREET ADDRESS **9434 LANTERN BAY CIR.**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

TITLE **D** ☐ Delete  
NAME **RAAB, IRA**  
STREET ADDRESS **375 WESTWOOD ROAD**  
CITY-ST-ZIP **WOODMERE, NY 11598**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE **SECRETARY, DIRECTOR** ☐ Change ☒ Addition  
NAME **JACK GREER**  
STREET ADDRESS **9456 LANTERN BAY CIRCLE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

☐ Change ☐ Addition

TITLE **VICE PRESIDENT, DIRECTOR** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **9452 LANTERN BAY CIRCLE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

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: **David Kaiser** **DAVID KAISER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/27/07**  
Date

**561-791-3695**  
Daytime Phone #