

**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
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2. Principal Place of Business - No P.O. Box # 9437 LANTERN BAY CIRCLE	3. Mailing Address 9437 LANTERN BAY CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State WEST PALM BEACH FL	City & State WEST PALM BEACH FL
Zip 33411	Zip 33411
Country	Country

04272007 Chg-NP CR2E037 (12/06)

4. FEI Number 04-3598424	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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** **4/27/07**
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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
T NAME: MIKUS, JOHN STREET ADDRESS: 9566 LANTERN BAY CIR. CITY-ST-ZIP: WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete
VD NAME: BERKOWITZ, LEONARD STREET ADDRESS: 9456 LANTERN BAY CIR CITY-ST-ZIP: WEST PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Delete
P NAME: KAISER, DAVID STREET ADDRESS: 9437 LANTERN BAY CIR CITY-ST-ZIP: WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete
D NAME: ELLICK, MARVIN STREET ADDRESS: 9477 LANTERN BAY CIR CITY-ST-ZIP: WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete
D NAME: LIPTON, GERALD STREET ADDRESS: 9434 LANTERN BAY CIR. CITY-ST-ZIP: WEST PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Delete
D NAME: RAAB, IRA STREET ADDRESS: 375 WESTWOOD ROAD CITY-ST-ZIP: WOODMERE, NY 11598	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: SECRETARY, DIRECTOR NAME: JACK GREER STREET ADDRESS: 9456 LANTERN BAY CIRCLE CITY-ST-ZIP: WEST PALM BEACH FL 33411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VICE PRESIDENT, DIRECTOR NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: 9452 LANTERN BAY CIRCLE CITY-ST-ZIP: WEST PALM BEACH FL 33411	<input checked="" 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: *David Kaiser* **DAVID KAISER** **8/27/07** **561-791-3695**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #