



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2008 8:00 am
Secretary of State

06-09-2008 90003 018 ****61.25

DOCUMENT # N01000003663 1. Entity Name ESTATES AT BAYWINDS NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 6437 LANTERN BAY CIRCLE WEST PALM BEACH, FL 33411				Mailing Address 6437 LANTERN BAY CIRCLE 2 HERVARD CIR 100 WEST PALM BEACH, FL 33411	
2. Principal Place of Business - No P.O. Box # <i>90 GRN Management Assoc</i>		3. Mailing Address <i>Same</i>			
Suite, Apt. #, etc. <i>3900 Woodlake Blvd #309</i>		Suite, Apt. #, etc. <i>Same</i>		04142008 Chg-NP CR2E037 (12/06)	
City & State <i>Lake Worth FL</i>		City & State <i>Same</i>		4. FEI Number 04-3598424	
Zip <i>33463</i>		Country <i>US</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAISER, DAVID 9437 LANTERN BAY CIRCLE WEST PALM BEACH, FL 33411				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	T MIKUS, JOHN 9566 LANTERN BAY CIR. WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P Mikus John</i> <i>9566 Lantern Bay Cir.</i> <i>West Palm Beach, FL 33411</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREER, JACK 9486 LANTERN BAY CIRCLE 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	P KAISER, DAVID 9437 LANTERN BAY CIR WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T Kaiser David</i> <i>9437 Lantern Bay Cir</i> <i>West Palm Bch, FL 33411</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ELICK, MARVIN 9477 LANTERN BAY CIR WEST PALM BEACH, FL 33411	<input checked="" 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 9452 LANTER BAY CIRCLE 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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>JP</i> <i>Stenberg, Joel</i> <i>9546 Lantern Bay Cir</i> <i>West Palm Bch FL 33411</i>	<input type="checkbox"/> Change <input checked="" 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>				Date: <i>6/19/08</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	