2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N01000003663

Entity Name: ESTATES AT BAYWINDS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

C/O GRS MANAGEMENT ASSOC
3900 WOODLAKE BLVD #309
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

C/O GRS MANAGEMENT ASSOC
3900 WOODLAKE BLVD #309
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 04-3598424 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAISER, DAVID
9437 LANTTERN BAY CIRCLE
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: MIKUS, JOHN
Address: 9566 LANTERN BAY CIR.
City-St-Zip: WEST PALM BEACH, FL 33411

Title: SD ( ) Delete
Name: GREER, JACK
Address: 9486 LANTERN BAY CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: T ( ) Delete
Name: KAISER, DAVID
Address: 9437 LANTERN BAY CIR
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D ( ) Delete
Name: RAAB, IRA
Address: 9452 LANTER BAY CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VP ( ) Delete
Name: STEINBERG, JOEL
Address: 9546 LANTERN BAY CIR
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MIKUS, JOHN
Address: 9566 LANTERN BAY CIR.
City-St-Zip: WEST PALM BEACH, FL 33411

Title: PRES (X) Change ( ) Addition
Name: GREER, JACK
Address: 9486 LANTERN BAY CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change ( ) Addition
Name: BERKOWITZ, BERNNA
Address: 9456 LANTERN BAY CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID KAISER T 03/27/2009

Electronic Signature of Signing Officer or Director — Date