

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90037 029 ****61.25

DOCUMENT # N02000008351					
1. Entity Name BAYWINDS COMMERCIAL ASSOCIATION, INC.					
Principal Place of Business 2600 NORTH MILITARY TRAIL, SUITE 100 BOCA RATON, FL-33431			Mailing Address 2600 NORTH MILITARY TRAIL, SUITE 100 BOCA RATON, FL 33431		
2. Principal Place of Business - No P.O. Box # 1901 SOUTH CONGRESS		3. Mailing Address 1901 SOUTH CONGRESS AVE			
Suite, Apt. #, etc. SUITE 480		Suite, Apt. #, etc. SUITE 480			
City & State BOYNTON BEACH, FL 33426		City & State BOYNTON BEACH FL			
Zip 33426		Country PALM BEACH		Zip 33426	
Country PALM BEACH		4. FEI Number 20-1047111			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCARTHUR, JASON 2600 NORTH MILITARY TRAIL, SUITE 100 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name EDWARD POLLOCK % CAS. REALTY MANAGEMENT LLC Street Address (P.O. Box Number is Not Acceptable) 1901 SOUTH CONGRESS AVE SUITE 480 City BOYNTON BEACH FL Zip Code 33426		
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 <u>Edward Pollock</u> DATE <u>MARCH 17, 2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	PD MCARTHUR, JASON <input checked="" type="checkbox"/> Delete 2600 NORTH MILITARY TRAIL, SUITE 100 BOCA RATON, FL 33431		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT AND DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ESUN LYNCH 9857 BAYWINDS DRIVE SUITE 9107 WEST PALM BEACH, FL 33411	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KUBIN, DAVID <input checked="" type="checkbox"/> Delete 2600 NORTH MILITARY TRAIL, SUITE 100 BOCA RATON, FL 33431		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER AND DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RONA BROWN 9857 BAYWINDS DRIVE WEST PALM BEACH, FL 33411	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ZENGAGE, JIM <input checked="" type="checkbox"/> Delete 75 N.E. 6TH AVENUE #214 DELRAY BEACH, FL 33483		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTCHISON, GRAHAM <input checked="" type="checkbox"/> Delete 75 N.E. 6TH AVENUE #214 DELRAY BEACH, FL 33483		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	<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	<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: <u>Esun Lynch</u> PRESIDENT BY IVY MONTELO <u>561-498-1158</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					