2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N06000012093 02-28-2007 90002 033 ****61.25 BAYWOOD MASTER ASSOCIATION, INC. Mailing Address Principal Place of Business 16469 BRIDLEWOOD CIRCLE 16469 BRIDLEWOOD CIRCLE DELRAY BEACH, FL 33445 DELRAY BEACH, FL 33445 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02242007 Chg-NP CR2E037 (12/06) Applied For City & State 4. FEI Number City & State Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SALTER, JAMES D Street Address (P.O. Box Number is Not Acceptable) 3940 N.W. 16TH BOULEVARD BUILDING B GAINESVILLE, FL 32635 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. AresiDemor / Birector TITLE ☐ Change TITLE ☐ Delete MARVIN SMOLLAR NAME NAME 16464 Budlewood Circle STREET ADDRESS STREET ADDRESS Delray Black, Fr 33445 CITY-ST-ZIP CITY-ST-ZIP Secretary | Director Rubin Smollar TITLE ☐ Delete TITLE ☐ Change Addition | NAME NAME 16469 Bridlewood Circle STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Delray Black, PL 33445 TREASURE P/ DIFECTUR Delete TITLE ☐ Change TITLE Addition NAME BETARD CAFARD NAME 5391 CASA real STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 33484 BUCA RATON, PL TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C(TY-ST-ZIP CITY-ST-7IP

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Feb 28, 2007 8:00 am

changed, or on an attachmy twith an address, with all other like empowered.

561-499
SIGNATURE: MARVIN SMOLLAR, president 423/07 041/

(SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date Date:

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 receptive 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