
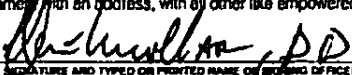


FILED
Mar 07, 2008 8:00 am
Secretary of State

01-11-2008 90064 018 *****8.75
02-07-2008 90011 043 *****52.50

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

1/
1/12/

| | | | |
|---|--|--|---|
| DOCUMENT # N06000012093 | |  | |
| 1. Entity Name BAYWOOD MASTER ASSOCIATION, INC. | | | |
| Principal Place of Business 16469 BRIDLEWOOD CIRCLE DELRAY BEACH, FL 33445 | | Mailing Address 16469 BRIDLEWOOD CIRCLE DELRAY BEACH, FL 33445 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number APPLIED FOR 26-1887786 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SALTER, JAMES D 3940 N.W. 16TH BOULEVARD BUILDING B GAINESVILLE, FL 32635 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when returning)</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 SMOLLAR, MARVIN 16469 BRIDLEWOOD CIRCLE DELRAY BEACH, FL 33445 <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 | SD SMOLLAR, ROBIN 16469 BRIDLEWOOD CIRCLE DELRAY BEACH, FL 33445 <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 | TD LAFARO, BERNARD 5391 CASA REAL BOCA RATON, FL 33484 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD CAFARO, GERARD 5391 CASA REAL BOCA RATON, FL 33484 <input checked="" 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 |
| 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 recipient 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:  | | 1-8-08 561-499-0411 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR | | Date Daytime Phone # | |

ATTACHMENT



66002779
#N06000012093

EIN Assistant

Your Progress: 1. Identity 2. Authenticate 3. Addresses 4. Details 5. EIN Confirmation

Congratulations! Your EIN has been successfully assigned.

EIN Assigned: 26-1887786

Legal Name: BAYWOOD MASTER ASSOCIATION INC

IMPORTANT:

Save and/or print this page and the confirmation letter below for your permanent records. You will NOT be able to return to this page once you exit the application.
This confirmation letter is your official IRS notice and contains important information regarding your EIN.

 Your EIN Confirmation Letter

with
saving
and
printing
your
letter

Once you have saved or printed your letter, click "Continue" to get additional information about using your new EIN.

Continue >>

Help Topics

- ? What if I do not have access to a printer at this time?
- ? Can I access this letter at a later date?



ATTACHMENT

66002779

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2008

BAYWOOD MASTER ASSOCIATION, INC.
16469 BRIDLEWOOD CIRCLE
DELRAY BEACH, FL 33445

Subject: **BAYWOOD MASTER ASSOCIATION, INC.**

Reference Number: **N06000012093**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/mh
ANNUAL REPORTS SECTION

3/4/08
the FEI number has been added to
the report and a copy of the IRS
Assignment of our EIN# as
26-1887786 is attached, which
was also included with our
application. Thanks for your handling
this matter. m. smith

P.O. BOX 6327 - Tallahassee, Florida 32314