

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012093

FILED
Feb 10, 2009
Secretary of State

Entity Name: BAYWOOD MASTER ASSOCIATION, INC.

Current Principal Place of Business:

16469 BRIDLEWOOD CIRCLE
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

16469 BRIDLEWOOD CIRCLE
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 26-1887786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALTER, JAMES D
3940 N.W. 16TH BOULEVARD
BUILDING B
GAINESVILLE, FL 32635 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: PD () Delete
Name: SMOLLAR, MARVIN
Address: 16469 BRIDLEWOOD CIRCLE
City-St-Zip: DELRAY BEACH, FL 33445

Title: SD () Delete
Name: SMOLLAR, ROBIN
Address: 16469 BRIDLEWOOD CIRCLE
City-St-Zip: DELRAY BEACH, FL 33445

Title: TD () Delete
Name: CAFARO, GERARD
Address: 5391 CASA REAL
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MARVIN SMOLLAR

PD

02/10/2009

Electronic Signature of Signing Officer or Director

Date