

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90185 034 \*\*\*\*61.25

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<b>DOCUMENT # N09108</b> 1. Entity Name <b>BAYHEAD VILLAGE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>12600 N.W. HARBOUR RIDGE BLVD</b> <b>PALM CITY, FL 34990 US</b>				Mailing Address <b>12600 N.W. HARBOUR RIDGE BLVD</b> <b>PALM CITY, FL 34990 US</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2353793</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>NEARY, MICHAEL E</b> <b>12600 N.W. HARBOUR RIDGE BLVD</b> <b>PALM CITY, FL 34990</b>				Name <b>Jane Cornett</b> <b>Cornett, Gooze &amp; Associates, PA</b> <b>401 E. Osceola Street, First Floor</b> <b>Stuart, FL 34994</b>	
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 <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <b>4-21-05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DESMOND, RICHARD K</b>		NAME		
STREET ADDRESS	<b>2530 SEAGRASS DR.</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>PALM CITY, FL 34990</b>		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TERRY, MARIE</b>		NAME	<b>D, VP</b>	
STREET ADDRESS	<b>2546 SEAGRASS DR</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>PALM CITY, FL</b>		CITY - ST - ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>RAMSTACK, RICHARD G</b>		NAME	<b>Peterson, Susan</b>	
STREET ADDRESS	<b>2548 SEAGRASS DRIVE</b>		STREET ADDRESS	<b>2578 SEAGRASS DR</b>	
CITY - ST - ZIP	<b>PALM CITY, FL</b>		CITY - ST - ZIP	<b>Palm City, FL 34990</b>	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MUNN, RICHARD C</b>		NAME		
STREET ADDRESS	<b>2516 SEAGRASS DR</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>PALM CITY, FL 34990</b>		CITY - ST - ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PRESTON, H. RUSSELL JR.</b>		NAME		
STREET ADDRESS	<b>2558 SEAGRASS DR</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>PALM CITY, FL 34990</b>		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b>			Date <b>4/3/05</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		