

# **ANNUAL REPORT**

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

05-21-2008 90023 038 \*\*\*\*61.25

<b>DOCUMENT # N14662</b>			
<b>1. Entity Name</b> BAYWOOD VILLAGE I CONDOMINIUM ASSOCIATION, INC.		<b>Principal Place of Business</b> 2614 CARAMBOLA CIR. SOUTH POMPANO BEACH, FL 33066	
<b>2. Principal Place of Business - No P.O. Box #</b> Suite, Apt. #, etc. Suite 203		<b>3. Mailing Address</b> Suite, Apt. #, etc. Suite 203	
<b>City &amp; State</b> Coral Springs, FL		<b>City &amp; State</b> Coral Springs, FL	
<b>Zip</b> 33065		<b>Country</b> USA	
<b>4. FEI Number</b> 59-2665486		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> KATZMAN & KORR, P.A. 1501 NORTHWEST 49TH STREET, SUITE 202 FORT LAUDERDALE, FL 33309		<b>7. Name and Address of New Registered Agent</b> Name: <u>JAMES CALDERAZZO</u> Street Address (P.O. Box Number is Not Acceptable): <u>10191 W. Sample Rd Suite 203</u> City: <u>CORAL SPRINGS</u> <b>FL</b> Zip Code: <u>33065</u>	
<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.</b> SIGNATURE: <u>[Signature]</u> DATE: <u>4/24/2008</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> 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>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARUSO, DOMINIC 2513 CARAMBOLA CIRCLE NORTH COCONUT CREEK, FL 33066	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAPIRO, BONNIE 2521 CARAMBOLA CIR N COCONUT CREEK, FL 33066	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEPENSKA, MICHAEL 2512 CARAMBOLA CIRCLE NORTH COCONUT CREEK, FL 33066	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINCHESTER, COURTNEY 2610 CARAMBOLA CIRCLE N COCONUT CREEK, FL 33066	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS ALBURY, CHARLOTTE 2534 CARAMBOLA CIR N COCONUT CREEK, FL 330662437	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Patrick Mondella 2507 Carambola Circle Coconut Creek	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b> <u>[Signature]</u>		Date: <u>4/24/08</u> Daytime Phone #: <u>954-753-7966</u>	