ANNUAL REPORT

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

DOCUMENT # N14662 1. Entity Name BAYWOOD VILLAGE I CONDOMINIUM ASSOCIATION, INC.					05-21-2008	3 90023 038 ****6	1.25
Principal Place of Business 2614 CARAMBOLA CIR. SOUTH 2614 CARAMBOLA CIR. SOUTH POMPANO BEACH, FL 33066 POMPANO BEACH, FL 33066						i Aibu Aidu Bubu Bibu Bibu Bibu	D G (#1 18 D)
2. Principal Place of Business - No P.O. Box # 3. Malling Address 10911. Sample Rd Suite, Apt. #, etc.						CR2E037 (12/06)	
Stute 203 Stute 20 A City & State 2			03	4. FEI Number	Chg-NP 		plied For
Corac	Springs, FL 16	ral Soniu		59-26654	86	No	t Applicable
33065	$5 \mid \frac{\text{Coulntry}}{\text{USA}} \mid 33$	065	Country			□ \$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent Name				7. Name and Address of New Registered Agent			
KATZMAN & KORR, P.A.				JAMES (A)	Not Acceptable	(220 e)	
1501 NORTHWEST 49TH STREET, SUITE 202 FORT LAUDERDALE, FL 33309				2	1 1) 1		02
/ <i>O</i> /City/				1 W. SAMP	le Kol_	Zip Code	03
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							265 I
the obligations of registered agent.							
SIGNATURE YOUR WILLIAMS							
SIgnature, typed of printed name of registered ages and tipe prapolicable. (NOTE: Registered Agent signature required when reinstating) DATE							
<u> </u>							
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees	Flo	lake check payable to rida Department of St	tate
10.	Filing Fee Is \$61.25 Due by May 1, 2008 OFFICERS AND DIRECTOR	9. Election Camp Trust Fund Co	ntribution.	Added to Fees	Flo	rida Department of St	iate
10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	ntribution.	Added to Fees	Flo	rida Department of St	tate
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12. I hereby certify that the information supplied with this filing does not quality 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.

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/08 954-7

Daytime Phone #