

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39358

FILED  
Feb 07, 2009  
Secretary of State

**Entity Name:** BAYHEAD LANDINGS PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

HANCOCK BLUFF ROAD  
SAN ANTONIO, FL 33576 US

**New Principal Place of Business:**

HANCOCK BLUFF ROAD  
DADE CITY, FL 33523 US

**Current Mailing Address:**

PO BOX 478  
SAN ANTONIO, FL 33576 US

**New Mailing Address:**

**FEI Number:** 59-3117405      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SALZGEBER, NEIL F  
18331 HANCOCK BLUFF RD  
DADE CITY, FL 33523 US

**Name and Address of New Registered Agent:**

NOYES, ABBY J  
18587 HANCOCK BLUFF RD  
DADE CITY, FL 33523 US

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: ABBY J NOYES

02/07/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FARLEY, MIKE  
Address: 18140 HANCOCK BLUFF ROAD  
City-St-Zip: DADE CITY, FL 33523

Title: SD ( ) Delete  
Name: BAKER, ANNE MARIE  
Address: 18051 HANCOCK BLUFF ROAD  
City-St-Zip: DADE CITY, FL 33523

Title: VD ( ) Delete  
Name: MILLER, TONY  
Address: 29301 INDIAN POND COURT  
City-St-Zip: DADE CITY, FL 33523

Title: TR ( ) Delete  
Name: SALZGEBER, NEIL F  
Address: 18331 HANCOCK BLUFF RD  
City-St-Zip: DADE CITY, FL 33523

**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:

Title: TR (X) Change ( ) Addition  
Name: NOYES, ABBY J  
Address: 18587 HANCOCK BLUFF RD  
City-St-Zip: DADE CITY, FL 33523

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: ABBY J. NOYES

TR

02/07/2009

Electronic Signature of Signing Officer or Director

Date