

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N46604

1. Entity Name

BAYWINDS GOLF ESTATES, HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**221 MCKENZIE AVENUE
PANAMA CITY FL 32401**

Mailing Address

**221 MCKENZIE AVENUE
PANAMA CITY FL 32401**

2. Principal Place of Business

3. Mailing Address



1st MOORE

CR2E037 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3105846

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURKE, LES W.
221 MCKENZIE AVENUE
PANAMA CITY FL 32401**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **AS** ☐ Delete
NAME **BURKE, LES W**
STREET ADDRESS **221 MCKENZIE AVE**
CITY-STATE-ZIP **PANAMA CITY FL 32401**

☐ Change ☐ Addition
U00000303351
04/13/05-80110-002 61.25

TITLE **DV** ☐ Delete
NAME **GLUNN, FRANK J**
STREET ADDRESS **1069 EMERALD BAY DRIVE**
CITY-STATE-ZIP **DESTIN FL 32541**

☐ Change ☐ Addition

TITLE **DS** ☐ Delete
NAME **KENNEDY, KEVIN**
STREET ADDRESS **214 BAYWINDS DRIVE**
CITY-STATE-ZIP **DESTIN FL 32541**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Les W. Burke **Les W. Burke**

4-11-05

850 769-1414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #