

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

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90029 030 ****61.25

DOCUMENT # N93000004168

1. Entity Name

BAY MEADOW VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

5980 WINSTON TRAILS BLVD
LAKE WORTH FL 33463
US

Mailing Address

5980 WINSTON TRAILS BLVD
LAKE WORTH FL 33463
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

65-0586836

Applied For

Not Applicable

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

CAMPBELL PROP MGMT
5980 WINSTON TRAILS BLVD
LAKE WORTH FL 33463

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAGNUSON, PETE	
STREET ADDRESS	6180 ASTORIA DR.	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WAYEN LEE, MILLER JR	
STREET ADDRESS	6161 ASTORIA DR.	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	V	<input type="checkbox"/> Delete
NAME	KAUFHEIL, NORMAN	
STREET ADDRESS	6708 REMINGTON PLACE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BURGIO, JOSEPH R	
STREET ADDRESS	5922 NEWPORT VILLAGE WAY	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LURIE, WILLIAM B.	
STREET ADDRESS	6692 BROOKHURST CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZEMPIENI, EVA	
STREET ADDRESS	6144 NEWPORT VILLAGE WAY	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAGNUSON, PETER	
STREET ADDRESS	6180 ASTORIA DR	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFHEIL, NORMAN	
STREET ADDRESS	6708 REMINGTON PL	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LURIE, WILLIAM B.	
STREET ADDRESS	6692 BROOKHURST CIRCLE	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/2005

Date

Daytime Phone #

ATTACHMENT

BAY MEADOW VILLAGE H.O.A., INC.

50034571
#N93000004168

BOARD OF DIRECTORS

2005

PRESIDENT
(VOTING MEMBER)

NORMAN KAUFTHEIL
6708 REMINGTON PLACE

PHONE: 357-8261

VICE-PRESIDENT

PETER MAGNUSON
6180 ASTORIA DR.

PHONE: 963-8899
CELL: 309-9058

TREASURER

JOSEPH BURGIO
5922 NEWPORT VILLAGE WAY

PHONE: 641-0425

SECRETARY

BILL LURIE
6692 Brookhurst Circle

PHONE: 357-0492

DIRECTOR

EVA ZEMPLNI
6144 Newport Village Way

PHONE: 414-4374
CELL: (954) 243-3033