2007 NOT-FOR-PROFIT CORPORATION

Apr 04, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # N93000004168 04-04-2007 90185 001 ****61.25 BAY MEADOW VILLAGE HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address **5980 WINSTON TRAILS BLVD 5980 WINSTON TRAILS BLVD** LAKE WORTH, FL 33463 US LAKE WORTH, FL 33463 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03222007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 65-0586836 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COONEY, COLLEEN Street Address (P.O. Box Number is Not Acceptable) CAMPBELL PLOKPERTY MAGMT. LAKE WORTH, FL 33463 City 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 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Make check payable to Due by May 1, 2007 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Change ☐ Addition MAGNOSON, PETER NAME NAME 6180 ASTORIA DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33463 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition KAUFTHER, NORMAN NAME NAME STREET ADDRESS 6708 REMINGTON PLACE STREET ADDRESS CITY-ST-ZE LAKE WORTH, FL 33463 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME BURGIO, JOSPEH R NAME 5922 NEWPORT VILLAGE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33463 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition THORNALLY, MARK NAME NAME STREET ADDRESS 5914 NEW PORT VILLAGE WAY STREET ADDRESS WAUSAU, FL 32463 CITY-ST-ZIP CITY-ST-ZIP TITLE PRESIDENT ☐ Delete TITLE ☐ Change Addition NAME DAVID COXWELL NAME bill Astoria DR STREET ADDRESS STREET ADDRESS 4<u>L</u> 33463 CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 cath; 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:

G OFFICER OR DIRECTOR

Daytime Phone #

FILED