


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90070 013 ****61.25

DOCUMENT # N94000005243 1. Entity Name T.G. BAYWOOD VILLAGE HOMEOWNER'S ASSOCIATION, INC.	
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Principal Place of Business 10730 US 19 SUITE 17 PORT RICHEY, FL 34668 US	Mailing Address 10730 US 19 SUITE 17 PORT RICHEY, FL 34668 US
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01042006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3278853	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent QUALIFIED PROPERTY MANAGEMENT INC 10730 US 19 17 PORT RICHEY, FL 34668	
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7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUKES, JACK --- <input checked="" type="checkbox"/> Delete 9987 PALM HAVEN CT -- NEW PORT RICHEY, FL --
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SG ALTRUDA, JOSEPHINE --- <input type="checkbox"/> Delete 9414 PALM HAVEN CT -- NEW PORT RICHEY, FL --
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LANDSBURG, RICHARD <input type="checkbox"/> Delete 9988 PALM HAVEN COURT NEW PORT RICHEY, FL --
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POZNIAK, EVELINE --- <input checked="" type="checkbox"/> Delete 6184 PINE LAWN WAY -- NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD DUKES, JACKIE W --- <input checked="" type="checkbox"/> Delete 9987 PALM HAVEN CT -- NEW PORT RICHEY, FL 34666
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Kerr, John <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10730 U.S. 19, Suite 17 Port Richey, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Altruda, Josephine <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10730 U.S. 19, Suite 17 Port Richey, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Landsburg, Richard <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10730 U.S. 19, Suite 17 Port Richey, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Litke, Terry <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10730 U.S. 19, Suite 17 Port Richey, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: Terry L. Litke TERRY L. LITKE 2/25/06 376-5197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #