

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90111 002 ***150.00

DOCUMENT # P02000071994 1. Entity Name BAYWINDS REAL ESTATE, INC.					
Principal Place of Business 9040 BAY HARBOUR CIR W PALM BCH, FL 33411			Mailing Address 9040 BAY HARBOUR CIR W PALM BCH, FL 33411		
2. Principal Place of Business <i>1975 Sansbury Way</i> Suite, Apt. #, etc. <i>Suite 109</i> City & State <i>West Palm Beach</i>		3. Mailing Address <i>1975 Sansbury Way</i> Suite, Apt. #, etc. <i>Suite 109</i> City & State <i>WPB, FL</i>			
Zip <i>33411</i>		Country <i>USA</i>		4. FEI Number 65-1164549	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SLOAN-KENDALL, DANESE 9040 BAY HARBOUR CIR W PALM BCH, FL 33411			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SLOAN-KENDALL, DANESEI 9040 BAY HARBOR CIR WEST PALM BEACH, FL 33411		<input type="checkbox"/> Delete		
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with any other like empowered.					
SIGNATURE: <i>Dane Sloan-Kendall</i>			Date: <i>4-17-06</i> Daytime Phone #: <i>561-791-3018</i>		