

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90394 014 ***150.00

DOCUMENT # P98000058865

1. Entity Name
BAYWOODS VACATION HOMES, INC.

Principal Place of Business Mailing Address
221 E MITCHELL AVE **221 E MITCHELL AVE**
SANTA ROSA BEACH FL 32459 **SANTA ROSA BEACH FL 32459**

2. Principal Place of Business 3. Mailing Address
180 E. MITCHELL AVE **180 E. MITCHELL AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
SANTA ROSA BEACH **SANTA ROSA BEACH**

Zip Country Zip Country
32459 **WALTON** **32459** **WALTON**

4. FEI Number Applied For
59-3526658 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
REYNOLDS, SUNDI
221 E MITCHELL AVE
SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent
 Name: **DAVID REYNOLDS**
 Street Address (P.O. Box Number is Not Acceptable): **180 E. MITCHELL AVE**
 City: **SANTA ROSA BEACH** FL Zip Code: **32459**

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.
 SIGNATURE: *David Reynolds* **DAVID REYNOLDS, PRESIDENT** **4-23-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
 After **MAY 1, 2001** Fee will be **\$550.00**
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WENSEL, SCOTT 221 E MITCHELL AVE SANTA ROSA BEACH FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete REYNOLDS, SUNDI 221 E MITCHELL AVE SANTA ROSA BEACH FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DAVID REYNOLDS 180 E. MITCHELL AVE SANTA ROSA BEACH, FL 32459
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Reynolds* **DAVID REYNOLDS** **4-23-01** **(850) 231-2735**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)