

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702223

Entity Name: BAYWOOD VILLAGE ASSOCIATION, INC.**Current Principal Place of Business:**309 WESTWINDS
PALM HARBOR, FL 34683**Current Mailing Address:**309 WESTWINDS
PALM HARBOR, FL 34683 US**FEI Number:** 59-1914475**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**O'HANLON, JOHN
215 DRIFTWOOD DR. N.
PALM HARBOR, FL 34683 US*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:** JOHN O'HANLON

01/22/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name O'HANLON, JOHN
Address 215 DRIFTWOOD DR. N.
City-State-Zip: PALM HARBOR FL 34683

Title VP
Name HOVSEPIAN, MARIA
Address 215 WESTWINDS DR.
City-State-Zip: PALM HARBOR FL 34683

Title SECRETARY/TREASURER
Name BEWLEY, SALLY
Address 436 MANOR BLVD.
City-State-Zip: PALM HARBOR FL 34683

Title D
Name HOVSEPIAN, ED
Address 215 WESTWINDS DR.
City-State-Zip: PALM HARBOR FL 34683

Title DIRECTOR
Name KAUFMANN, TOM
Address 400 DRIFTWOOD DR. W.
City-State-Zip: PALM HARBOR FL 34683

Title DIRECTOR
Name FRAZHO, GARY
Address 216 WESTWINDS DR.
City-State-Zip: PALM HARBOR FL 34683

Title DIRECTOR
Name LONDERGAN, JEREMY
Address 103 DRIFTWOOD DR. W.
City-State-Zip: PALM HARBOR FL 34683

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN O'HANLON

PRESIDENT

01/22/2017

Electronic Signature of Signing Officer/Director Detail

Date