

2025 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:

REISTER, ROBERT ADAM
418 CROSSWINDS DRIVE
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: ROBERT ADAM REISTER

02/17/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name KAUFMANN, THOMAS C
Address 400 DRIFTWOOD DR. W.
City-State-Zip: PALM HARBOR FL 34683

Title PRESIDENT
Name REISTER, ROBERT ADAM
Address 418 CROSSWINDS DRIVE
City-State-Zip: PALM HARBOR FL 34683

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

Title DIRECTOR
Name KAUFMANN, MARY KAY
Address 400 DRIFTWOOD DRIVE WEST
City-State-Zip: PALM HARBOR FL 34683

Title DIRECTOR
Name NORMAN, BRITTANY
Address 379 WESTWINDS DRIVE
City-State-Zip: PALM HARBOR FL 34683

Title SECRETARY
Name PIPER, LINDA
Address 217 TIMBERLANE DRIVE
City-State-Zip: PALM HARBOR FL 34683

Title DIRECTOR
Name COMBS, KAROL
Address 4823 BLUE JAY CIRCLE
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: THOMAS C KAUFMANN

TREASURER

02/17/2025

Electronic Signature of Signing Officer/Director Detail

Date