

2013 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:**DEVRIES, NORMAN
52 GULFWINDS DR W
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	DEVRIES, NORMAN
Address	52 GULFWINDS DRW
City-State-Zip:	PALM HARBOR FL 34683

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

Title	T
Name	HOVSEPIAN, MARIA
Address	215 WESTWINDS DRIVE
City-State-Zip:	PALM HARBOR FL 34683

Title	D
Name	MC LAUGHLIN, DARYL
Address	406 DRIFTWOOD DR. E.
City-State-Zip:	PALM HARBOR FL 34683

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

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

Title	DIRECTOR
Name	REED, LYNNE
Address	412 MANOR BLVD.
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: NORMAN DEVRIES**PRESIDENT****01/24/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date