

2021 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

02/05/2021

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

Title	VP
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

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

Title	DIRECTOR
Name	GREEN, CINDY
Address	317 CROSSWINDS DRIVE
City-State-Zip:	PALM HARBOR FL 34683

Title	SECRETARY
Name	PIPER, LINDA
Address	217 TIMBERLANE DRIVE
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

02/05/2021

Electronic Signature of Signing Officer/Director Detail

Date