

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

1995 AUG -2 AM 9:18

S. G. ... STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S22342 (7)

1. Corporation Name

BAYWINDS FINANCIAL CORPORATION

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
% JON OLSON **% JON OLSON**
3040 VALENCIA AVE., SUITE 6 **3040 VALENCIA AVE., SUITE 6**
APTOS CA 95003 **APTOS CA 95003**

3. Date Incorporated or Qualified 3a. Date of Last Report
01/03/1991 **03/24/1994**

4. FEI Number Applied For
59-3043185 Not Applicable

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

6. Election Campaign Financing **\$5.00 May Be Added to 1995**
Trust Fund Contribution

8. This corporation has liability for intangible tax under §. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **208 Hidden Creek Apts** 26 **208 Hidden Creek Apts.**
200 Button Street **200 Button Street**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **Leasing Office** 27 **Leasing Office**
City & State City & State

23 **Santa Cruz CA** 28 **Santa Cruz CA**
ZIP ZIP Country Country
24 **95060** 25 **USA** 29 **95060** 30 **USA**

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Date) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, JON H	12 NAME	
STREET ADDRESS	3040 VALENCIA AVE STE 6	13 STREET ADDRESS	c/o Hidden Creek Apts 200 Button St
CITY ST ZIP	APTOS CA	14 CITY ST ZIP	Santa Cruz CA 95060
TITLE	VPS	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, PAMELLA P	22 NAME	
STREET ADDRESS	3040 VALENCIA AVE STE 6	23 STREET ADDRESS	c/o Hidden Creek Apts 200 Button ST
CITY ST ZIP	APTOS CA	24 CITY ST ZIP	Santa Cruz CA 95060
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, unchanged, or on replacement with an address.

SIGNATURE: _____ (Date) _____

1-408-425-7000