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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **754850** **(6)**

1. Corporation Name

BAY STATE SOUTH COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
606 PARK ST EUSTIS FL 32726 US	P. O. BOX 490105 LEESBURG FL 34749-0105 US

3. Date Incorporated or Qualified: **10/28/1980**
3a. Date of Last Report: **03/08/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **59-2089606** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

JACOBY, MAX
606 PARK ST
EUSTIS FL 32726

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	WILSON, MARTHA		1.2 NAME	ISRAELSON, DENNIS A.	
STREET ADDRESS	619 BROOKLINE AVE		1.3 STREET ADDRESS	515 EDEN PARK AVE.	
CITY-ST-ZIP	EUSTIS FL		1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	P	☒ DELETE	2.1 TITLE	ST	☐ Change ☒ Addition
NAME	SHEPPARD, KATHRYN		2.2 NAME	COATS, BARBARA P.	
STREET ADDRESS	620 PARK ST		2.3 STREET ADDRESS	2719 BEACON STREET	
CITY-ST-ZIP	EUSTIS FL		2.4 CITY-ST-ZIP	EUSTIS, FL 32726	
TITLE	T	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	BAGG, PATRICIA		3.2 NAME	HENDERSON, JAMES	
STREET ADDRESS	241 DIEDRICH STREET		3.3 STREET ADDRESS	2849 HARDENBERGH LANE	
CITY-ST-ZIP	EUSTIS FL		3.4 CITY-ST-ZIP	EUSTIS, FL 32726	
TITLE	S	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ROSE, DOROTHY		4.2 NAME		
STREET ADDRESS	624 PARK STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, VIRGINIA		5.2 NAME		
STREET ADDRESS	609 PARK ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SAUER, BOB		6.2 NAME		
STREET ADDRESS	603 BROOKLINE AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 03/11/97 352/357-7892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0070235