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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 US

3. Date Incorporated or Qualified: 10/28/1980

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

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2719 BEACON STREET	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 EUSTIS FL	28 City & State
24 Zip 32726 / 25 Country USA	29 Zip / 30 Country

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 signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	ISRAELSON, DENNIS A.		1.2 NAME		
STREET ADDRESS	515 EDEN PARK AVE		1.3 STREET ADDRESS	710 HARVARD COURT	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		1.4 CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	COATS, BARBARA P.		2.2 NAME		
STREET ADDRESS	2719 BEACON STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	HENDERSON, JAMES		3.2 NAME	MATHEWS, ROSE	
STREET ADDRESS	2849 HARDENBERGH LANE		3.3 STREET ADDRESS	2721 BEACON RD	
CITY-ST-ZIP	EUSTIS FL		3.4 CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	MILLER, VIRGINIA		4.2 NAME	BAGG, CHARLES E	
STREET ADDRESS	609 PARK ST		4.3 STREET ADDRESS	241 DIEDRICH ST	
CITY-ST-ZIP	EUSTIS FL		4.4 CITY-ST-ZIP	EUSTIS, FL 32726	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	SAUER, BOB		5.2 NAME	WOODS, ED	
STREET ADDRESS	603 BROOKLINE AVE		5.3 STREET ADDRESS	600 ARLINGTON COURT	
CITY-ST-ZIP	EUSTIS FL		5.4 CITY-ST-ZIP	EUSTIS FL 32726	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	D		6.2 NAME	BALLENGER, GERALD	
STREET ADDRESS	Hillier, Gary		6.3 STREET ADDRESS	711 KENMOORE COURT	
CITY-ST-ZIP	707 Harvard Court		6.4 CITY-ST-ZIP	EUSTIS FL 32726	

14. I 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: [signature] Barbara P. Coats 352/357-7892
Sec./Treasurer 03/23/98

CR2E037 (10/97)