

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90093 045 ****61.25

DOCUMENT # 754850

1. Entity Name

BAY STATE SOUTH COMMUNITY ASSOCIATION, INC.

Principal Place of Business

**2719 BEACON STREET
 EUSTIS FL 32726
 US**

Mailing Address

**P. O. BOX 490105
 LEESBURG FL 34749
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2089606**

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LACKEY, DON
 2385 WEST OLD US 441
 MOUNT DORA FL 32757**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BIEVER, JAMES	
STREET ADDRESS	2713 BEACON STREET	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PEASE, JOHN D IV	
STREET ADDRESS	710 KENMOORE COURT	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BAGG, CHARLES	
STREET ADDRESS	628 PARK STREET	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TESSIER, SHERRILL	
STREET ADDRESS	618 PARK STREET	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALLENGER, GERALD	
STREET ADDRESS	711 KENMOORE COURT	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEREZ, RICARDO	
STREET ADDRESS	2849 HARDENBERGH LANE	
CITY-ST-ZIP	EUSTIS, FL 32726	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, RHONDA	
STREET ADDRESS	608 PARK STREET	
CITY-ST-ZIP	EUSTIS, FL 32726	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIDDENS, BOBBY J.	
STREET ADDRESS	2801 HARDENBERGH LANE	
CITY-ST-ZIP	EUSTIS, FL 32726	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-02

Date

Daytime Phone #

CR2E037 (9/01)