

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90045 021 ****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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-2089606	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KLEMM, RUSSELL E ESQ. 1065 MAITLAND CENTER COMMONS BLVD MAITLAND FL 32751	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

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 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, RICARDO 2849 HARDENBERGH LANE EUSTIS FL 32726 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COATS, BARBARA 2719 BEACON ST EUSTIS FL 32726 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, RHONDA 608 PARK STREET EUSTIS FL 32726 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SMITH, RHONDA 608 PARK ST EUSTIS FL 32726 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KUNC, RICHARD 2817 HARDENBERGH LANE EUSTIS FL 32726 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIDDENS, BOBBY J 2801 HARDENBERGH LANE EUSTIS FL 32726 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBY, CAROLE 607 BROOKLINE AVENUE EUSTIS FL 32726 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLENGER, GERALD 711 KENMOORE COURT EUSTIS FL 32726 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, SHANNON 704 KENMOORE CT EUSTIS FL 32726 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHYDER, BRUCE 707 KENMORE CT EUSTIS FL 32726 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Rhonda M. Smith* Rhonda M. Smith 3/15/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #