

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90009 025 ****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 PO Box 1658
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lady Lake, FL	City & State Lady Lake, FL
Zip 32158-1658	Zip 32158-1658



1st MOORE CR2E037 (10/04)

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 Elizabeth J. GREGOVITS, Esq. Street Address (P.O. Box Number is Not Acceptable) 9590 S.W. 3RD COURT City Pembroke Pines FL Zip Code 33025

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 *Elizabeth J. Gregovits* DATE **3/25/05**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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	VPD COATS, BABARA 2719 BEACON ST. EUSTIS FL 32726 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARBARA P. COATS ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SMITH, RHONDA 608 PARK STREET EUSTIS FL 32726 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOATWRIGHT, ROBERT 612 ARLINGTON COURT EUSTIS FL 32726 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KUNG, RICHARD 2817 HARDENBERGH LANE EUSTIS FL 32726 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHITNEY, JARET 2857 HARDENBERGH LANE EUSTIS FL 32726 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBY, CAROLE 607 BROOKLINE AVE EUSTIS FL 32726 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHEPPARD, PATRICIA A. 619 BROOKLINE AVENUE EUSTIS FL 32726 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, SHANNON 704 KENMOORE CT EUSTIS FL 32726 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBBA, THOMAS 3021 HARDENBERGH LANE EUSTIS FL 32726 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 or other like empowered.

SIGNATURE: *Barbara P. Coats* President **BARBARA P. COATS** 352-351-7892
DATE: **22 MAR '05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR