2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 14, 2006
Secretary of State

DOCUMENT# 754850

Entity Name: BAY STATE SOUTH COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2719 BEACON STREET
EUSTIS, FL 32726 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1658
LADY LAKE, FL 321581658 US

New Mailing Address:

FEI Number: 59-2089606 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREGOVITS, ELIZABETH J ESQ
9590 S.W. 3RD COURT
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

GREGOVITS, ELIZABETH J ESQ
8201 PETERS ROAD
SUITE 2500
PLANTATION, FL 33324 US

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: _____ 05/14/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	COATS, BARBARA P	
Address:	2719 BEACON ST.	
City-St-Zip:	EUSTIS, FL 32726	
Title:	VPTD	( ) Delete
Name:	WHITNEY, JARET	
Address:	2857 HARDENBERGH LANE	
City-St-Zip:	EUSTIS, FL 32726	
Title:	SD	( ) Delete
Name:	THOMPSON, MARTHA A	
Address:	603 BROOKLINE AVE	
City-St-Zip:	EUSTIS, FL 32726	
Title:	D	( ) Delete
Name:	GIDDENS, BOB	
Address:	2801 HARDENBERGH CT	
City-St-Zip:	EUSTIS, FL 32726	
Title:	D	( ) Delete
Name:	HAMLIN, MICHAEL`	
Address:	611 ARLINGTON CT	
City-St-Zip:	EUSTIS, FL 32726	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA P COATS P 05/14/2006
Electronic Signature of Signing Officer or Director — Date