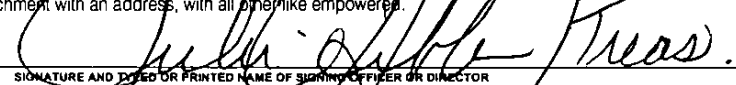


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 08, 2007 8:00 am**  
**Secretary of State**

08-08-2007 90067 028 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     |                                                                                     |                                                                                                                                          |                                                                                    |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # 754850</b><br>1. Entity Name<br><b>BAY STATE SOUTH COMMUNITY ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                                     |                                                                                                                                          |   |                                                                              |
| Principal Place of Business<br><b>2719 BEACON STREET</b><br><b>EUSTIS, FL 32726 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                                                                                     | Mailing Address<br><b>PO BOX 1658</b><br><b>LADY LAKE, FL 32158-1658 US</b>                                                              |                                                                                    |                                                                              |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                       |                                                                                                                                          |  |                                                                              |
| City & State<br><br>Zip                      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     | City & State<br><br>Zip                      Country                                |                                                                                                                                          | 07262007    Chg-NP                      CR2E037 (12/06)                            |                                                                              |
| 4. FEI Number<br><b>59-2089606</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     |                                                                                     |                                                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable                             |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                                                                     |                                                                                                                                          | <b>\$8.75 Additional Fee Required</b>                                              |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>GREGOVITS, ELIZABETH J ESQ</b><br><b>8201 PETERS ROAD</b><br><b>SUITE 2500</b><br><b>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |                                                                                     | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                                                                                     |                                                                                                                                          |                                                                                    |                                                                              |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable                      (NOTE: Registered Agent signature required when reinstating)                      DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                                                                                     |                                                                                                                                          |                                                                                    |                                                                              |
| <b>Filing Fee is \$61.25</b><br><b>Due by September 14, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                          | <b>\$5.00 May Be Added to Fees</b>                                                 |                                                                              |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     |                                                                                     |                                                                                                                                          |                                                                                    |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                             |                                                                                    |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PD<br>COATS, BARBARA P<br>2719 BEACON ST.<br>EUSTIS, FL 32726       | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           | PD<br>SNYDER, BRUCE<br>707 KENMOORE COURT<br>EUSTIS FL 32726                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VPTD<br>WHITNEY, JARET<br>2857 HARDENBERGH LANE<br>EUSTIS, FL 32726 | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           | VPD<br>SHEPPARD, KATHRYN<br>620 PARK STREET<br>EUSTIS FL 32726                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SD<br>THOMPSON, MARTHA A<br>603 BROOKLINE AVE<br>EUSTIS, FL 32726   | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           | D<br>                                                                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>GIDDENS, BOB<br>2801 HARDENBERGH CT<br>EUSTIS, FL 32726        | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           | SD<br>ANDREWS, THERESA<br>702 KENMOORE COURT<br>EUSTIS FL 32726                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>HAMLIN, MICHAEL<br>611 ARLINGTON CT<br>EUSTIS, FL 32726        | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           | TD<br>HUBBA, JULIE<br>3021 HARDENBERGH LANE<br>EUSTIS FL 32726                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                     | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           | D<br>JACOBY, CAROLE<br>607 BROOKLINE AVENUE<br>EUSTIS FL 32726                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |                                                                     |                                                                                     |                                                                                                                                          |                                                                                    |                                                                              |
| <b>SIGNATURE: X</b>  <b>8/4/07 352-455-1135</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                      |                                                                     |                                                                                     |                                                                                                                                          |                                                                                    |                                                                              |