

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90395 030 ****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

4. FEI Number **59-2089606**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **RUSSELL E. KLEMM, ESQ.**

Street Address (P.O. Box Number is Not Acceptable)

1065 MATLAND CENTER COMMONS BLVD.

City **MATLAND**

FL

Zip Code **32751**

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]

RUSSELL E. KLEMM, ESQ.

4/11/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☐ Delete
NAME **PEREZ, RICARDO**
STREET ADDRESS **2849 HARDENBERGH LANE**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **President Director** ☒ Change ☐ Addition
NAME **Perez, Ricardo**
STREET ADDRESS **2849 Hardenbergh Lane**
CITY-ST-ZIP **Eustis, FL 32726**

TITLE **SD** ☐ Delete
NAME **SMITH, RHONDA**
STREET ADDRESS **608 PARK STREET**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **VPD** ☐ Change ☒ Addition
NAME **SHYDER, BRUCE**
STREET ADDRESS **709 KENMORE CT**
CITY-ST-ZIP **EUSTIS, FL 32726**

TITLE **TD** ☐ Delete
NAME **BAGG, CHARLES**
STREET ADDRESS **626 PARK STREET**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **S.D.** ☒ Change ☐ Addition
NAME **SMITH, RHONDA**
STREET ADDRESS **608 PARK ST**
CITY-ST-ZIP **EUSTIS, FL 32726**

TITLE **D** ☐ Delete
NAME **GIDDENS, BOBBY J**
STREET ADDRESS **2801 HARDENBERGH LANE**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **D** ☐ Change ☒ Addition
NAME **PARKER, SHANON**
STREET ADDRESS **704 KENMORE CT**
CITY-ST-ZIP **EUSTIS, FL 32726**

TITLE **D** ☐ Delete
NAME **BALLENGER, GERALD**
STREET ADDRESS **711 KENMOORE COURT**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]

April 2 2003

**352-
435 5030**

CR2E037 (10/02)