

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


FILED
May 02, 2003 8:00 am
Secretary of State

0089327

05-02-2003 90126 038 ****61.25

DOCUMENT # N01000000786

1. Entity Name
PALM ISLAND BAY VILLA'S CONDOMINIUM ASSOCIATION, INC.




Principal Place of Business Mailing Address
7092 PLACIDA RD **7092 PLACIDA RD**
CAPE HAZE FL 33946 **CAPE HAZE FL 33946**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **03-0384629** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GUNDERSON, MIKO P
1861 PLACIDA RD, STE 204
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

Name

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

City **FL** 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 _____ (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

TITLE	DP	<input type="checkbox"/> Delete
NAME	BECKSTEAD, DEAN L	
STREET ADDRESS	7092 PLACIDA RD	
CITY-ST-ZIP	CAPE HAZE FL 33946	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BECKSTEAD, GARFIELD	
STREET ADDRESS	7092 PLACIDA RD	
CITY-ST-ZIP	CAPE HAZE FL 33946	
TITLE	DST	<input type="checkbox"/> Delete
NAME	FITZSIMMONS, TIMOTHY	
STREET ADDRESS	7092 PLACIDA RD	
CITY-ST-ZIP	CAPE HAZE FL 33946	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED** Date: **4/30/03** Daytime Phone #: **697-7207**

CR2E037 (10/02)