


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90026 034 ****61.25

DOCUMENT # N01000004866
1. Entity Name
PLAYERS CLUB AT BAYSIDE LAKE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
501 WEDGE COURT POB 100130
PALM BAY FL 32909 PALM BAY FL 32910
US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
3908 GARDENWOOD Cir
Suite, Apt. #, etc. Suite, Apt. #, etc.
GIANT, FL

City & State City & State
32949

Zip Country Zip Country
32949 USA

4. FEI Number Applied For
02-0598832 Not Applicable

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

6. Name and Address of Current Registered Agent
**BAYSIDE MGMT SRVS.
515 WILLOW OAK CT NE
PALM BAY FL 32907**

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
Due By May 1, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HILL, FRAN <input type="checkbox"/> Delete 2016 MUIRFIELD WAY SE PALM BAY FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROYCE, RON <input type="checkbox"/> Delete 2024 MUIRFIELD WAY SE PALM BAY FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KIMBROUGH, MARY <input type="checkbox"/> Delete 1972 MUIRFIELD WAY SE PALM BAY FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLUCCI, WILLIAM <input type="checkbox"/> Delete 2037 MUIRFIELD WAY SE PALM BAY FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, JUDY <input checked="" type="checkbox"/> Delete 1992 MUIRFIELD WAY SE PALM BAY FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D LANE, William 1976 Muirfield Way Palm Bay, FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *Frances Hill Frances Hill Pres 2/28/08 321-720-7636*