

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004866

FILED
Mar 02, 2009
Secretary of State

Entity Name: PLAYERS CLUB AT BAYSIDE LAKE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3908 GARDENWOOD CIR
GRANT, FL 32949 US

New Principal Place of Business:

Current Mailing Address:

POB 100130
PALM BAY, FL 32910 US

New Mailing Address:

FEI Number: 02-0598832 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAYSIDE MGMT SRVS.
515 WILLOW OAK CT NE
PALM BAY, FL 32907 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HILL, FRAN
Address: 2016 MUIRFIELD WAY SE
City-St-Zip: PALM BAY, FL 32909 US

Title: VPD () Delete
Name: ROYCE, RON
Address: 2024 MUIRFIELD WAY SE
City-St-Zip: PALM BAY, FL 32909 US

Title: SD () Delete
Name: KIMBROUGH, MARY
Address: 1972 MUIRFIELD WAY SE
City-St-Zip: PALM BAY, FL 32909 US

Title: TD () Delete
Name: COLUCCI, WILLIAM
Address: 2037 MUIRFIELD WAY SE
City-St-Zip: PALM BAY, FL 32909 US

Title: D () Delete
Name: LANE, WILLIAM
Address: 1976 MCGUIRES WAY
City-St-Zip: PALM BAY, FL 32909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SPAMPINATO, JOSEPH
Address: 3897 SEAGATE DRIVE
City-St-Zip: W MELBOURNE, FL 32904 US

Title: VPD (X) Change () Addition
Name: HENRY, CARLON
Address: 1921 MUIRFIELD WAY SE
City-St-Zip: PALM BAY, FL 32909 US

Title: SD (X) Change () Addition
Name: COX, RUTH
Address: 592 WEDGE CT SE
City-St-Zip: PALM BAY, FL 32909 US

Title: TD (X) Change () Addition
Name: MITCH, NEWBERRY
Address: 551 WEDGE CT
City-St-Zip: PALM BAY, FL 32909 US

Title: D (X) Change () Addition
Name: JOHN, CRAINE
Address: 1996 MUIRFIELD WAY SE
City-St-Zip: PALM BAY, FL 32909

I hereby certify that the information supplied with this filing does not qualify 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: SARA BERNIN

AGNT

03/02/2009

Electronic Signature of Signing Officer or Director

Date