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

DOCUMENT # NO1000004866



1. Entity Name
**PLAYERS CLUB AT BAYSIDE LAKE HOME OWNERS ASSOCIA
 TION, INC.**

55039857

Principal Place of Business
**2012 MURFIELD WAY SE
 PALM BAY FL 32909
 US**

Mailing Address
**2012 MURFIELD WAY SE
 PALM BAY FL 32909
 US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
 3. Mailing Address
 Suits, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **102-0598832** Applied For
 Not Applicable
 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

**MCWILLIAMS, MICHAEL E
 2012 MURFIELD WAY SE
 PALM BAY FL 32909**

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 DATE

FILE NOW: FEE IS \$81.25

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	PTSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCWILLIAMS, MICHAEL	NAME	
STREET ADDRESS	2012 MURFIELD WAY SE	STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32909	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCWILLIAMS, JOAN	NAME	
STREET ADDRESS	2012 MURFIELD WAY SE	STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32909	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mc Gee, David	NAME	
STREET ADDRESS	2008 Murfield Way	STREET ADDRESS	
CITY-ST-ZIP	Palm Bay, FL 32909	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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** **4/2/03 321-726-9000**

CREATED 10/02