

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90129 023 ****61.25

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DOCUMENT # N96000000015

1. Entity Name
BAYMEADOWS DEVELOPMENT HOMEOWNERS ASSOCIATION, I

Principal Place of Business Mailing Address
1688 W HIBISCUS BLVD **P O BOX 410496**
MELBOURNE FL 32934 **MELBOURNE FL 32940**

2. Principal Place of Business 3. Mailing Address
BAYMEADOWS DEV HOA **P O BOX 410496**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MELBOURNE FL **MELBOURNE FL 32941**

Zip Country Zip Country
32941 **USA** **32941** **USA**

4. FEI Number Applied For
59-3367251 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ARMSTRONG, TONY
3152 CAUTHEN CREEK DR.
MELBOURNE FL 32934

7. Name and Address of New Registered Agent
 Name
JAMES P BEADLE ESQ
 Street Address (P.O. Box Number is Not Acceptable)
5205 BABCOCK ST N E
 City State Zip Code
PALM BAY **FL** **32905**

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.

SIGNATURE DATE **1/18/01**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARMSTONG, TONY 8152 CAVESMAN CIR MELBOURNE FL 32934	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VpD DONDREE, CYNTHIA 4404 GRAND MEADOW BLVD MELBOURNE FL 32934	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOVECKAR, KATHLEEN 3100 CEDAR BAY MELBOURNE FL 32934	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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	PRESIDENT GEORGE PACE 3122 CAUTHEN CREEK DR MELBOURNE FL 32934	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & D GERALD BLOOM 3160 CEDAR BAY DRIVE MELBOURNE FL 32934	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T & D PATRICIA BINKLEY 3140 CEDAR BAY DRIVE MELBOURNE FL 32934	<input checked="" 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

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: DATE **1/18/01** Daytime Phone # **321 259-1332**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)