

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

006970

DOCUMENT # N01000006304

1. Entity Name

BAYSIDE GATE COMMUNITY ASSOCIATION INC.

04-01-2002 90182 001 *****8.75
 04-01-2002 90182 002 *****61.25

Principal Place of Business Mailing Address
898 ARTHUR ST., SE **898 ARTHUR ST., SE**
PALM BAY FL 32909 **PALM BAY FL 32909**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

4. FEI Number Applied For
 Not Applicable

Zip Country Zip Country 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

MESZAROS, WILLIAM
898 ARTHUR ST., 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MESZAROS, WILLIAM	
STREET ADDRESS	898 ARTHUR ST., SE	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ELLIOTT, TERESIA	
STREET ADDRESS	899 GRANDEUR ST. SE	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCGILL, SANDRA	
STREET ADDRESS	3448 JUPITER BLVD. SE	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CHRISTIAN, IRENE F	
STREET ADDRESS	480 HAVANA AVE. SE	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOTH, ERNEST	
STREET ADDRESS	885 GRANDEUR ST. SE	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOTH, CATHERINE	
STREET ADDRESS	885 GRANDEUR ST. SE	
CITY-ST-ZIP	PALM BAY FL 32909	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arthur McGill	
STREET ADDRESS	3448 Jupiter Blvd SE	
CITY-ST-ZIP	Palm Bay FL 32909	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rupert S. Layton	
STREET ADDRESS	490 Cheltenham Ave SE	
CITY-ST-ZIP	Palm Bay FL 32909	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary and Dianne Bishop	
STREET ADDRESS	338 Trident Ave SE	
CITY-ST-ZIP	Palm Bay FL 32909	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAREN WEBER	
STREET ADDRESS	228 ALTMAN AVE. SE	
CITY-ST-ZIP	PALM BAY, FL. 32909	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD ESSERT	
STREET ADDRESS	261 COMET AVE. SE	
CITY-ST-ZIP	Palm Bay, FL 32909	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sgt-at-Arms D	
STREET ADDRESS	ROBERT CATLOW	
CITY-ST-ZIP	731 AUGUST SE PALM BAY, FL. 32909	

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: *William McGill* 3-19-02 321 984 7382
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)

