

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Arthur McGill 3448 Jupiter Blvd SE Palm Bay FL 32909</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Rupert S. Layton 490 Cheltenham Ave SE Palm Bay FL 32909</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Gary and Dianne Bishop 338 Trident Ave SE Palm Bay FL 32909</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD KAREN WEBER 228 ALTMAN AVE. SE PALM BAY, FL. 32909</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RICHARD ESSERT 261 COMET AVE. SE Palm Bay, FL 32909</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Sgt-at-Arms D ROBERT CATLOW 731 AUGUST SE PALM BAY, FL. 32909</b> <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:** *William McGill* **3-19-02**      **321 984 732**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/01)

