


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90044 024 \*\*\*\*70.00

**DOCUMENT # NO1000006304**

1. Entity Name  
**BAYSIDE GATE COMMUNITY ASSOCIATION INC.**



Principal Place of Business      Mailing Address

**899 GRANDEUR STREET SE  
PALM BAY FL 32909  
US**      **899 GRANDEUR STREET SE  
PALM BAY FL 32909  
US**

**50027027**



1st MOORE      CR2E037 (10/04)

2. Principal Place of Business      3. Mailing Address

**898 ARTHUR ST SE**      **898 ARTHUR ST SE**

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

City & State      City & State

**PALM BAY FL**      **PALM BAY FL**

Zip      Country      Zip      Country

**32909**      **USA**      **32909**      **USA**

4. FEI Number      Applied For

**NO-T APPLICABLE**       Not Applicable

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

6. Name and Address of Current Registered Agent

**ELLIOTT, TERESIA  
899 GRANDEUR STREET SE  
PALM BAY FL 32909**

7. Name and Address of New Registered Agent

Name **WILLIAM MESZAROS**

Street Address (P.O. Box Number is Not Acceptable)

**898 ARTHUR ST SE**

City **PALM BAY**      **FL**      Zip Code **32909**

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 **WILLIAM MESZAROS**      *William Meszaros*      DATE **03-01-05**

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  
Due By May 1, 2005**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELLIOTT, TERESIA 899 GRANDEUR ST. SE PALM BAY FL 32909	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CATLOW, ROBERT 731 AUGUST ST S.E. PALM BAY FL 32909	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCGILL, SANDRA 3448 JUPITER BLVD. SE PALM BAY FL 32909	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHIRUMBLD, CELESTINE 1099 DUNHAM ST. SE. PALM BAY FL 32909	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELDON, JAMES 1699 EMERSON DR SE PALM BAY FL 32909	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAAD WILLIAMS, CHARLES 658 AUGUST STREET SE PALM BAY FL 32909	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MESZAROS, WILLIAM 898 ARTHUR ST SE PALM BAY FL 32909	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAYNARD, SHARON 828 MALABAR RD. PALM BAY FL 32909	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WINSON-PATRICIA 898 ARTHUR ST SE PALM BAY FL 32909	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WINSON, PATRICIA 898 ARTHUR ST SE PALM BAY FL 32909	<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	SAAD ALLEN, EMANUEL 711 AUGUST ST SE PALM BAY FL 32909	<input checked="" 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 MESZAROS**      *William Meszaros*      DATE **03-01-05**      Daytime Phone # **321 984-7382**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ATTACHMENT**

#N 01000006304  
50027027

**BAYSIDE GATE COMMUNITY ASSOCIATION INC.  
2004 - 2005**

**PRESIDENT/Director**  
**William Meszaros**  
**898 Arthur St SE**  
**Palm Bay FL 32909**  
**984-7382**

**VICE PRES/Director**  
**Sharon Maynard**  
**828 Malabar Road SE**  
**Palm Bay FL 32909**  
**723-8700**

**SECRETARY/Director**  
**Patricia Winson**  
**898 Arthur St SE**  
**Palm Bay FL 32909**  
**984-7382**

**TREASURER/Director**  
**Patricia Winson**  
**898 Arthur St SE**  
**Palm Bay FL 32909**  
**984-7382**

**SGT at ARMS/Director**  
**Emanuel Allen**  
**711 August St SE**  
**Palm Bay FL 32909**  
**676-4519**

**BOARD OF DIRECTORS**

**James Sheldon**  
**1699 Emerson Dr SE**  
**Palm Bay FL 32909**  
**951-9947**

**Emanuel Allen**  
**711 August St SE**  
**Palm Bay FL 32909**  
**676-4519**

**James Elliott**  
**899 Grandeur Str SE**  
**Palm Bay FL 32909**  
**984-3235**

**Rupert Layton**  
**490 Cheltenham Ave SE**  
**Palm Bay Fl 32909**  
**725-9277**