2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90213 040 ****61.25

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DOCUMENT # N00000003223

1. Entity Name
BAYHILL RESIDENTIAL DISTRICT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 560746 ROCKLEDGE, FL 32956-0746	P.O. BOX 560746 ROCKLEDGE, FL 32956-0746

03232004 Chg-NP CR2E037 (10/03)

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

4. FEI Number 59-3605070 ☐ 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
SPACE COAST PROPERTY MANAGEMENT 1617 COOLING AVE MELBOURNE, FL 32235	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MACARTHUR, H P 1480 TALAMORE LANE VIERA, FL 32940	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MIKE VAN BIBBER 2247 DEERCROFT DR. VIERA, FL 32940	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GILMORE, JOHN 1471 TALAMORE LANE VIERA, FL 32940	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TIM JACQUES 2147 DEERCROFT DR. VIERA, FL 32940	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HALL, LISA 1491 TALAMORE LANE VIERA, FL 32940	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CROOM, ANGELA 2177 DEARCRAFT DRIVE VIERA, FL 32940	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BMD HARDY, DAVID 3025 DEARCRAFT DRIVE VIERA, FL 32940	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ANGELA CROOM 2177 DEERCROFT DR. VIERA, FL 32940	☐ Change ☑ 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: Angela D. Croom
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #