2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2005 8:00 am
Secretary of State
05-10-2005 90115 004 ****61.25

DOCUMENT # N00000003223

1. Entity Name
BAYHILL RESIDENTIAL DISTRICT ASSOCIATION, INC.

50051247

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

01192005 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

SPACE COAST PROPERTY MANAGEMENT
1617 COOLING AVE
MELBOURNE, FL 32235

7. Name and Address of New Registered Agent

Name: ADVANCED Property Mgmt.
Street Address (P.O. Box Number is Not Acceptable): 6767 N. Wickham Road
Suite 213
City: Melbourne FL Zip Code: 32940

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: Vickie H Martin VICKIE MARTIN 4-12-05
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, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VAN BIBBER, MIKE 2247 DEERCROFT DR. VIERA, FL 32940	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JACQUES, TIM 2147 DEERCROFT DR. VIERA, FL 32940	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Paul Bentley 1451 TALAMORE Lane 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	D Patricia Cuomo 2096 DEERCroft DRIVE VIERA, FL 32940	☑ 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	D Bill Cowart 2707 DeerCroft DRIVE VIERA, FL 32940	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CROOM, ANGELA 2177 DEERCROFT DR. VIERA, FL 32940	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANK Kessler 1805 BAYhill DR. VIERA, FL 32940	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Bill Cowart 5-4-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #