

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 12, 2009
Secretary of State

DOCUMENT# N00000003223

Entity Name: BAYHILL RESIDENTIAL DISTRICT ASSOCIATION, INC.**Current Principal Place of Business:**1904 BAYHILL DRIVE
VIERA, FL 32940**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 561273
ROCKLEDGE, FL 329561273**New Mailing Address:****FEI Number:** 59-3605070**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CUOMO, PATRICIA
2096 DEERCROFT DRIVE
VIERA, FL 32940 US**Name and Address of New Registered Agent:**CARUANA, KATHRYN E
1904 BAYHILL DRIVE
VIERA, FL 32940 US

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: KATHRYN E. CARUANA

08/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: CUOMO, PATRICIA
Address: 2096 DEERCROFT DRIVE
City-St-Zip: VIERA, FL 32940

Title: VP () Delete
Name: PETERSON, JOSEPHINE G
Address: 2357 DEERCROFT DRIVE
City-St-Zip: VIERA, FL 32940

Title: D () Delete
Name: CARUANA, KATHRYN E
Address: 1904 BAYHILL DRIVE
City-St-Zip: VIERA, FL 32940

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MACARTHUR, H. P
Address: 1480 TALAMORE LANE
City-St-Zip: VIERA, FL 32940

Title: VPD (X) Change () Addition
Name: GOODMAN, JAMES
Address: 2100 TIBURON LANE
City-St-Zip: VIERA, FL 32940

Title: SD (X) Change () Addition
Name: CARUANA, KATHRYN E
Address: 1904 BAYHILL DRIVE
City-St-Zip: VIERA, FL 32940

Title: TD () Change (X) Addition
Name: AMATO, TAMIE
Address: 1958 CRANE CREEK BOULEVARD
City-St-Zip: VIERA, FL 32940

Title: D () Change (X) Addition
Name: DIAMOND, PATRICIA
Address: 2667 DEERCROFT DRIVE
City-St-Zip: VIERA, FL 32940

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN E. CARUANA

SECY

08/12/2009

Electronic Signature of Signing Officer or Director

Date