

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90186 039 *****61.25

DOCUMENT # N00000003223

1. Entity Name

BAYHILL RESIDENTIAL DISTRICT ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 560746

ROCKLEDGE FL 32956-0746

Mailing Address

P.O. BOX 560746

ROCKLEDGE FL 32956-0746

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

MACARTHUR, H P
1480 TALAMORE LANE
VIERA FL 32940

Name

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

SPACE COAST PROPERTY MANAGEMENT

SCPM

1617 COOLING AVE.

City

MELBOURNE, FL 32935

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

FILE NOW: FEE IS \$61.25

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	PD	☐ Delete
NAME	MACARTHUR, H P	
STREET ADDRESS	1480 TALAMORE LANE	
CITY-ST-ZIP	VIERA FL 32940	
TITLE	VD	☐ Delete
NAME	GILMORE, JOHN	
STREET ADDRESS	1471 TALAMORE LANE	
CITY-ST-ZIP	VIERA FL 32940	
TITLE	SD	☐ Delete
NAME	HALL, LISA	
STREET ADDRESS	1491 TALAMORE LANE	
CITY-ST-ZIP	VIERA FL 32940	
TITLE	TD	☐ Delete
NAME	CROOM, ANGELA	
STREET ADDRESS	2177 DEARCRAFT DRIVE	
CITY-ST-ZIP	VIERA FL 32940	
TITLE	BMD	☐ Delete
NAME	HARDY, DAVID	
STREET ADDRESS	3025 DEARCRAFT DRIVE	
CITY-ST-ZIP	VIERA FL 32940	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **SIGNATURE REQUIRED**

4/3/03

CR2E037 (10/02)