

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90196 036 \*\*\*\*61.25

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<b>DOCUMENT # N00000005414</b>					
<b>1. Entity Name</b> BAYSIDE LAKES COMMERCIAL CENTER PROPERTY OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 335 S. PLUMOSA BLVD. MERRITT ISLAND, FL 32752			<b>Mailing Address</b> 335 S. PLUMOSA BLVD. MERRITT ISLAND, FL 32752		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 204 W. Cocoa Beach Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b> Cocoa Beach FL		<b>4. FEI Number</b> 59-3685690	
<b>Zip</b>		<b>Country</b> U.S.A.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> WATSON, DUANE 335 S. PLUMOSA BLVD. MERRITT ISLAND, FL 32952			<b>7. Name and Address of New Registered Agent</b> Keldark Inc 204 W. Cocoa Beach Blvd Cocoa Beach FL 32931		
<b>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.</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>SIGNATURE</b>    <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 35%;"> <b>DATE</b>                  4/30/08             </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> KENNEDY, WILLIAM <b>STREET ADDRESS</b> 335 S. PLUMOSA BLVD. <b>CITY-ST-ZIP</b> MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> President <b>NAME</b> Bonnie Kougher <b>STREET ADDRESS</b> 254 Brightwater Dr SE <b>CITY-ST-ZIP</b> Palm Bay FL 32909	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> WATSON, DUANE <b>STREET ADDRESS</b> 335 S. PLUMOSA BLVD. <b>CITY-ST-ZIP</b> MERRITT ISLAND, FL 32952	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> SOILEAU, JOHN <b>STREET ADDRESS</b> 335 S. PLUMOSA BLVD. <b>CITY-ST-ZIP</b> MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VS <b>NAME</b> GOATLEY, COLEMAN <b>STREET ADDRESS</b> 770 NORTH DRIVE SUITE A <b>CITY-ST-ZIP</b> MELBOURNE, FL 329349270	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>DATE</b> 4/30/08 <small>Daytime Phone #</small>		