

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90198 029 ****61.25

DOCUMENT # N01000000575

1. Entity Name
BAYSIDE PLAYERS, INC.



Principal Place of Business
1153 MALABAR RD NW, SUITE 18
PALM BAY, FL 32907

Mailing Address
PO BOX 100414
PALM BAY, FL 32910-0414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3678615

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

TSAMOUTALES, NICHOLAS F
1900 PALM BAY RD NE, SUITE G
PALM BAY, FL 32905

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 D ☐ Delete
NAME SIMON, HELENE K
STREET ADDRESS 481 TOPEKA RD SW
CITY-ST-ZIP PALM BAY, FL 32908

TITLE T.D. ☐ Change ☒ Addition
NAME Mary Ann Livermore
STREET ADDRESS 280 Decastro Street SE
CITY-ST-ZIP Palm Bay FL 32909

TITLE VD ☐ Delete
NAME LUTZEIER, ALFRED
STREET ADDRESS 715 PENGUIN AVENUE
CITY-ST-ZIP PALM BAY, FL 32907

TITLE D ☐ Change ☒ Addition
NAME Hank Simon
STREET ADDRESS 481 Topeka Road SW
CITY-ST-ZIP Palm Bay FL 32908

TITLE PD ☐ Delete
NAME SMITH, STEVE
STREET ADDRESS 4151 ROSEWOOD AVENUE
CITY-ST-ZIP MALABAR, FL 32950

TITLE D ☐ Change ☐ Addition
NAME Julia Smith
STREET ADDRESS 4151 Rosewood Avenue
CITY-ST-ZIP Malabar FL 32950

TITLE SD ☐ Delete
NAME PISLE, ROBERT
STREET ADDRESS 1025 WROBEL PLACE
CITY-ST-ZIP WEST MELBOURNE, FL 32904

TITLE D ☐ Change ☐ Addition
NAME STEVEN WOLF
STREET ADDRESS 3203 River Villa Way
CITY-ST-ZIP Melbourne Beach FL 32951

TITLE TD ☒ Delete
NAME BUSCHBAUM, THOMAS J
STREET ADDRESS 12480 83 STREET
CITY-ST-ZIP FELLSMERE, FL 32948

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

TITLE D ☐ Delete
NAME LIVERMORE, GERALD R
STREET ADDRESS 280 DECASTRO AVE SE
CITY-ST-ZIP PALM BAY, FL 32909

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stephen F. Smith President 4/25/04 3217297488