
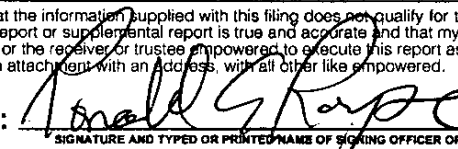


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N01000004866						<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">06 SEP 29 AM 9:09</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>																													
1. Entity Name PLAYERS CLUB AT BAYSIDE LAKE HOME OWNERS ASSOCIATION, INC.				Principal Place of Business 502 WEDGE COURT SE PALM BAY, FL 32909 US				Mailing Address POB 100130 PALM BAY, FL 32910 US																											
2. Principal Place of Business PO Box 100130 Suite, Apt. #, etc. 501 Wedge Ct				3. Mailing Address Suite, Apt. #, etc.				09072006 Chg-NP CR2E037 (4/06)																											
City & State Palm Bay, FL				City & State				4. FEI Number 02-0598832		Applied For <input type="checkbox"/> Not Applicable																									
Zip 32909		Country US		Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent BAYSIDE MGMT SRVS. 515 WILLOW OAK CT NE PALM BAY, FL 32907						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				\$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																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">PTSD</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCWILLIAMS, MICHAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>502 WEDGE COURT SE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM BAY, FL 32909</td> <td></td> </tr> </table>						TITLE	PTSD	<input checked="" type="checkbox"/> Delete	NAME	MCWILLIAMS, MICHAEL		STREET ADDRESS	502 WEDGE COURT SE		CITY-ST-ZIP	PALM BAY, FL 32909		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">PD</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Hill, FIAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2016 Mulfied Way SE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Palm Bay, FL 32909</td> <td></td> </tr> </table>						TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Hill, FIAN		STREET ADDRESS	2016 Mulfied Way SE		CITY-ST-ZIP	Palm Bay, FL 32909	
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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.																																			
SIGNATURE: 						Date: 9/12/06 Daytime Phone #: 676-6446																													

20/3