2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004866

FILED Mar 02, 2009 Secretary of State

Entity Name: PLAYERS CLUB AT BAYSIDE LAKE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3908 GARDENWOOD CIR GRANT, FL 32949

Current Mailing Address: New Mailing Address:

POB 100130

PALM BAY, FL 32910 US

FEI Number: 02-0598832 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BAYSIDE MGMT SRVS 515 WILLOW OAK CT NE PALM BAY, FL 32907

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete HILL. FRAN SPAMPINATO, JOSEPH Name: Name: 2016 MUIRFIELD WAY SE Address: 3897 SEAGATE DRIVE Address:

City-St-Zip: PALM BAY, FL 32909 US City-St-Zip: W MELBOURNE, FL 32904 US

Title: Title: VPD (X) Change () Addition () Delete

ROYCE, RON Name: HENRY, CARLON Name: Address: 2024 MUIRFIELD WAY SE Address: 1921 MUIRFIELD WAY SE

City-St-Zip: PALM BAY, FL 32909 US City-St-Zip: PALM BAY, FL 32909 US

(X) Change () Addition Title: () Delete Title: SD

KIMBROUGH, MARY COX, RUTH Name: Name: 1972 MUIRFIELD WAY SE Address: Address: 592 WEDGE CT SE City-St-Zip: PALM BAY, FL 32909 US City-St-Zip: PALM BAY, FL 32909 US

Title: TD () Delete Title: TD (X) Change () Addition

Name: COLUCCI, WILLIAM Name: MITCH, NEWBERRY Address: 2037 MUIRFIELD WAY SE Address: 551 WEDGE CT City-St-Zip: PALM BAY, FL 32909 US City-St-Zip: PALM BAY, FL 32909 US

Title: () Delete Title: (X) Change () Addition

LANE, WILLIAM JOHN, CRAINE Name: Name:

1976 MCGUIRES WAY 1996 MUIRFIELD WAY SE Address: Address: City-St-Zip: PALM BAY, FL 32909 City-St-Zip: PALM BAY, FL 32909

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: SARA BERNIN **AGNT** 03/02/2009