

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90051 023 \*\*\*\*61.25

**DOCUMENT # N02000009645**

1. Entity Name

**FOREST GLEN AT BAYSIDE LAKES HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business

515 WILLOW OAK COURT NE  
PALM BAY FL 32907  
US

Mailing Address

P.O. BOX 100130  
PALM BAY FL 32910  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3754157

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

KIRIAKO, SHIRLEY  
318 BLANDY CREEK CIRCLE SE  
PALM BAY FL 32909

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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CASTEEL, GINA	
STREET ADDRESS	270 BLANDY CREEK CIRCLE SE	
CITY-STATE-ZIP	PALM BAY FL 32909	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JOBES, LANA	
STREET ADDRESS	317 BLANDY CREEK CIRCLE SE	
CITY-STATE-ZIP	PALM BAY FL 32909	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KIRIAKO, SHIRLEY	
STREET ADDRESS	318 BLANDY CREEK CIRCLE SE	
CITY-STATE-ZIP	PALM BAY FL 32909	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOHNSON, COLEEN	
STREET ADDRESS	281 BLANDY CREEK CIRCLE SE	
CITY-STATE-ZIP	PALM BAY FL 32909	
TITLE	D	<input type="checkbox"/> Delete
NAME	RADCLIFFE, CYNTHIA	
STREET ADDRESS	294 BLANDY CREEK CIRCLE SE	
CITY-STATE-ZIP	PALM BAY FL 32909	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*C Radcliffe*

*Cynthia Radcliffe*

321-676 6946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #