## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000009645

FILED Jan 15, 2009 Secretary of State

Entity Name: FOREST GLEN AT BAYSIDE LAKES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 318 BRANDY CREEK CIRCLE SE PALM BAY, FL 32909 **Current Mailing Address: New Mailing Address:** 318 BRANDY CREEK CIRCLE SE PALM BAY, FL 32909 FEI Number: 04-3754157 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: KIRIAKO, SHIRLEY 318 BRANDY CREEK CIRCLE SE PALM BAY, FL 32909 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition CAYABYAB, LARRY KIRIAKO, SHIRLEY Name: Name: 330 BRANDY CREEK CIRCLE Address: 318 BRANDY CREEK CIRCLE SE Address: City-St-Zip: PALM BAY, FL 32909 US City-St-Zip: PALM BAY, FL 32909 US Title: () Delete Title: (X) Change ( ) Addition KIRIAKO, SHIRLEY Name: WORTH, DAVID Name: Address: 318 BRANDY CREEK CIRCLE Address: 157 BRANDY CREEK CIRCLE City-St-Zip: PALM BAY, FL 32909 US City-St-Zip: PALM BAY, FL 32909 US Title: () Delete Title: (X) Change ( ) Addition COLEMAN, DON PERRY, JOAN Name: Name: 205 BRANDY CREEK CIRCLE SE 141 BRANDY CREEK CIRCLE SE Address: Address: City-St-Zip: PALM BAY, FL 32909 US City-St-Zip: PALM BAY, FL 32909 US Title: SD () Delete Title: () Change () Addition JOBES, LANA Name: Name: 317 BRANDY CREEK CIRCLE SE Address: Address: City-St-Zip: PALM BAY, FL 32909 US City-St-Zip: Title: () Delete Title: () Change () Addition ANDRESKI, CHARLES Name: Name: 300 BRANDY CREEK CIRCLE SE Address: Address: City-St-Zip: PALM BAY, FL 32909 US City-St-Zip:

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: SHIRLEY KIRIAKO PD 01/15/2009