

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90008 015 ****61.25

DOCUMENT # N02000009646

1. Entity Name
**MONTEREY COVE AT BAYSIDE LAKES HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**C/O SPACE COAST MAGMT
645 CLASSIC CT., SUITE 104
MELBOURNE, FL 32940**

Mailing Address
**C/O SPACE COAST MAGMT
645 CLASSIC CT., SUITE 104
MELBOURNE, FL 32940**

40061411



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
16-1660777

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SPACE COAST PROPERTY MANAGEMENT
345 CLASSIC CT
SUITE 104
MELBOURNE, FL 32940**

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LEWIS, TAMARA
349 GARDEN DALE CIRCLE
PALM BAY, FL 32909** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
NAME
STREET ADDRESS
CITY-ST-ZIP** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
DANIELSON, MARILYN
343 GARDENDALE CIR SE
PALM BAY, FL 32909** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
Oldach, Frances
541 Gardendale Cir.
Palm Bay, FL 32909** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
RIZZO, HOLLY
517 GARDENDALE CIR SE
PALM BAY, FL 32909** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LINDLER, COLLEEN
438 GARDENDALE CIRCLE SE
PALM BAY, FL 32909** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
RUDMANN, SUSAN
348 GARDENDALE CIRCLE SE
PALM BAY, FL 32909** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
NAME
STREET ADDRESS
CITY-ST-ZIP** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**NAME
STREET ADDRESS
CITY-ST-ZIP** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Ginsburg, Linda
548 Gardendale Cir
Palm Bay FL 32909** ☐ Change ☐ Addition

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:

Frances Oldach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-07

Date

321-984-2148

Daytime Phone #