

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N02000009646						FILED 07 JUN 22 PM 12:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
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									
2. Principal Place of Business - No P.O. Box # 5260 Watermill Ln Suite, Apt. #, etc. 302		3. Mailing Address 5260 Watermill Ln Suite, Apt. #, etc. 302						05142007 Chg-NP CR2E037 (12/06)	
City & State Titusville, FL		City & State Titusville, FL						4. FEI Number 16-1660777	
Zip 32780		Country US						5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPACE COAST PROPERTY MANAGEMENT 345 CLASSIC CT SUITE 104 MELBOURNE, FL 32940				7. Name and Address of New Registered Agent Name: TCB Property Management LLC Street Address (P.O. Box Number is Not Acceptable): 5260 Watermill Ln # 302 City: Titusville, FL Zip Code: 32780					
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: Sharon Lockamy <i>Sharon Lockamy</i> 5-14-07 <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					
TITLE P NAME LEWIS, TAMARA STREET ADDRESS 349 GARDEN DALE CIRCLE CITY-ST-ZIP PALM BAY, FL 32909	<input type="checkbox"/> Delete			TITLE President NAME Susan Rudmann STREET ADDRESS 348 Gardendale Cir SE CITY-ST-ZIP Palm Bay, FL 32909	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE T NAME DANIELSON, MARILYN STREET ADDRESS 343 GARDENDALE CIR SE CITY-ST-ZIP PALM BAY, FL 32909	<input checked="" type="checkbox"/> Delete			TITLE Treasurer NAME FRANCES OLDACH STREET ADDRESS 541 GARDEN DALE CIR SE CITY-ST-ZIP PALM BAY FL 32909	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE S NAME RIZZO, HOLLY STREET ADDRESS 517 GARDENDALE CIR SE CITY-ST-ZIP PALM BAY, FL 32909	<input type="checkbox"/> Delete			200106639022 07/24/07--01051--005 **\$1.25					
TITLE D NAME LINDLER, COLLEEN STREET ADDRESS 438 GARDENDALE CIRCLE SE CITY-ST-ZIP PALM BAY, FL 32909	<input checked="" type="checkbox"/> Delete			TITLE DIRECTOR NAME LINDA GINSBURG STREET ADDRESS 548 GARDENDALE CIR SE CITY-ST-ZIP PALM BAY FL 32909	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE VP NAME RUDMANN, SUSAN STREET ADDRESS 348 GARDENDALE CIRCLE SE CITY-ST-ZIP PALM BAY, FL 32909	<input type="checkbox"/> Delete			TITLE VP NAME TAMARA LEWIS STREET ADDRESS 349 GARDENDALE CIR SE CITY-ST-ZIP PALM BAY FL 32909	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Frances M Oldach</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				6/11/07		321-984-2148			