

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003473

FILED
Mar 16, 2009
Secretary of State

Entity Name: HOLLY TRACE AT BAYSIDE LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 20-4299878 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: WILLIAMS, KEITH V
Address: 100 RIALTO PL STE 815
City-St-Zip: MELBOURNE, FL 32901 US

Title: VPD () Delete
Name: DAVIDSON, BRIAN
Address: 100 RIALTO PL STE 815
City-St-Zip: MELBOURNE, FL 32901 US

Title: STD () Delete
Name: PARSONS, NICQUELEEN
Address: 100 RIALTO PL STE 815
City-St-Zip: MELBOURNE, FL 32901 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILLIAMS, KEITH V
Address: 5850 TG LEE BLVD STE 600
City-St-Zip: ORLANDO, FL 32822

Title: VPD (X) Change () Addition
Name: DAVIDSON, BRIAN
Address: 5850 TG LEE BLVD STE 600
City-St-Zip: ORLANDO, FL 32822

Title: TSD (X) Change () Addition
Name: DEARING, MARK
Address: 9456 PHILLIPS HWY STE 1
City-St-Zip: JACKSONVILLE, FL 32256

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: KEITH WILLIAMS

PD

03/16/2009

Electronic Signature of Signing Officer or Director

_____ Date