

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

STATE OF FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATION

**98-99 AR**

FILED  
 JUN 29 PM 12:09  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N94000001585**  
 1. Corporation Name  
**Palm Bay at Bayside Homeowners Association, Inc**

Principal Place of Business Mailing Address  
**3550 Buschwood Park Dr. Suite 135 Tampa, FL 33618**      **3550 Buschwood Park Dr Suite 135 Tampa, FL 33618**

**REINSTATEMENT 98-99**

21	2. Principal Place of Business	2a	Mailing Address	3	Date Incorporated or Qualified
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>March 28, 1994</b>
22	City & State	27	City & State	4	FEI Number
	Zip	28	Zip		<b>65-0587323</b>
23	Country	29	Country		Applied For
		30			Not Applicable
				5	Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
				6	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>Pete Williams 3550 Buschwood Park Drive Suite 135 Tampa, FL 33618</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
					<b>FL</b>		

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *(Signature)* DATE: **4/27/99**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P/D</b>	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MAGGIO, FRANK</b>			1.2 NAME			
STREET ADDRESS	<b>6699 90th Avenue</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>Penellas Park, FL 34666</b>			1.4 CITY-ST-ZIP	<b>300002925513--7</b>		
TITLE	<b>P/D</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<b>-07/07/99--01073--011</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>WELMS, DAVID</b>			2.2 NAME	<b>****236.25 ****236.25</b>		
STREET ADDRESS	<b>6699 90th Avenue</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>Penellas Park, FL 34666</b>			2.4 CITY-ST-ZIP	<b>300002925513--7</b>		
TITLE	<b>S</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<b>-07/07/99--01073--012</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>Dyes, Kurt</b>			3.2 NAME	<b>****70.00 ****70.00</b>		
STREET ADDRESS	<b>6699 90th Avenue</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>Penellas Park, FL 34666</b>			3.4 CITY-ST-ZIP			
TITLE	<b>Secretary</b>	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>Williams, Pete</b>			4.2 NAME			
STREET ADDRESS	<b>3550 Buschwood Park Dr #135</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>Tampa, FL 33618</b>			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address, with all other like empowered.

SIGNATURE: *(Signature)* DATE: **4/27/99** DAYTIME PHONE #: **813-932-8488**

CR2E037 (11/98)