

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90047 031 \*\*\*\*61.25

**DOCUMENT # N94000001585**

1. Entity 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 33618-4459

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0567323**

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

**WILLIAMS, PETE**  
**3550 BUSCHWOOD PARK DR.**  
**SUITE 135**  
**TAMPA FL 33618**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **PD**  
 NAME: **MAGGIO, FRANK**  
 STREET ADDRESS: **6699 90TH AVENUE**  
 CITY-ST-ZIP: **PINELLAS PARK FL 34666**

Delete

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

Change  Addition

TITLE: **TD**  
 NAME: **HELMS, DAVID**  
 STREET ADDRESS: **6699 90TH AVENUE**  
 CITY-ST-ZIP: **PINELLAS PARK FL 34666**

Delete

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

Change  Addition

TITLE: **D**  
 NAME: **DYES, KURT**  
 STREET ADDRESS: **6699 90TH AVENUE**  
 CITY-ST-ZIP: **PINELLAS PARK FL 34666**

Delete

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

Change  Addition

TITLE: **S**  
 NAME: **WILLIAMS, PETE**  
 STREET ADDRESS: **3550 BUSCHWOOD PARK DR. #135**  
 CITY-ST-ZIP: **TAMPA FL 33618**

Delete

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

Change  Addition

TITLE: \_\_\_\_\_  
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Change  Addition

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Delete

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

Change  Addition

12. 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 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/00

813-930-8488

Date

Daytime Phone #

CR2E037 (9/99)