

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001585

1. Entity Name

PALM BAY AT BAYSIDE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

3550 BUSCHWOOD PARK DR.
SUITE 135
TAMPA FL 33618

Mailing Address

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

Zip

Country

Zip

Country

4. FEI Number

65-0567323

Applied For

Not Applicable

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
NAME PD
STREET ADDRESS MAGGIO, FRANK
CITY-ST-ZIP 6699 90TH AVENUE
PINELLAS PARK FL 34666 ☐ Delete

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

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

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



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)