## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 20, 2002 8:00 am Secretary of State DOCUMENT # N9400001585 05-20-2002 90063 012 \*\*\*\*61.25 PALM BAY AT BAYSIDE HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 3550 BUSCHWOOD PARK DR. 3550 BUSCHWOOD PARK DR. SUITE 135 SUITE 135 TAMPA FL 33618 TAMPA FL 33618 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0567323 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WILLIAMS, PETE 3550 BUSCHWOOD PARK DR. SUITE 135 City Zip Code **TAMPA FL 33618** 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) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE Delete ☐ Addition 142 2nd Avenue, South MAGGIO, FRANK NAME NAME **CR2E037** STREET ADDRESS STREET ADDRESS 6699 90TH AVENUE St. Petersburg FL 33701 CITY-ST-ZIP CITY-ST-7IP PINELLAS PARK FL 34666 Delete TITLE Change Addition Jorge Echarte 142 2nd Avenue South St Petersburg FL 33701 HELMS, DAVID NAME NAME STREET ADDRESS 6699 90TH AVENUE -STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 34666 TITLE 🔽 Delete Brenda Dal DYES, KURT NAME NAME STREET ADDRESS 6699 90TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 34666 TITLE 🙀 Delete ☐ Addition NAME WILLIAMS, PETE NAME STREET ADDRESS 3550 BUSCHWOOD PARK DR. #135 STREET ADDRESS CITY-ST-ZIP TAMPA FL 33618 CITY-ST-ZIP ☐ Delete TITLE □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME

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.

CITY-ST-ZIP

STREET ADDRESS

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE RECONTED

Frank Maggio. 4/29/02 (927)541-1100