

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001585

FILED
Jul 10, 2007
Secretary of State

Entity Name: PALM BAY AT BAYSIDE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8710 W. HILLSBOROUGH AVE.
#113
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

8710 W. HILLSBOROUGH AVE.
#113
TAMPA, FL 33615

New Mailing Address:

FEI Number: 65-0567323 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MURPHY, JULIE L
5901 HATTERAS PALM WAY
TAMPA, FL 33615 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: PRES () Delete
Name: MURPHY, JULIE
Address: 5901 HATTERAS PALM WAY
City-St-Zip: TAMPA, FL 33615

Title: VP () Delete
Name: FRARY, VIRGINIA
Address: 10602 CAPE HATTERAS DRIVE
City-St-Zip: TAMPA, FL 33615

Title: TREA () Delete
Name: MARGETIS, SPEROS
Address: 10625 HATTERAS DRIVE
City-St-Zip: TAMPA, FL 33615

Title: SEC () Delete
Name: CUTTS-STICKELS, TAMARA
Address: 10708 CAPE HATTERAS DRIVE
City-St-Zip: TAMPA, FL 33615

Title: DIR () Delete
Name: RUTH, STEPHEN
Address: 5806 HATTERAS PALM WAY
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ROARK, LINDA
Address: 5907 HATTERAS PALM WAY
City-St-Zip: TAMPA, FL 33615

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JULIE MURPHY

PRES

07/10/2007

Electronic Signature of Signing Officer or Director

Date