

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 11, 2005
Secretary of State**

DOCUMENT# N94000003922

Entity Name: BAYSIDE KEY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3280459 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGENET INC
2180 WEST STATE ROAD 434, SUITE 5000
LONGWOOD, FL 327795044 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: PD () Delete
Name: CIANI, STEVE
Address: 5931 BAYSIDE KEY DR.
City-St-Zip: TAMPA, FL 33615

Title: VPD () Delete
Name: COOK, CHRISTIE
Address: 5938 BAYSIDE KEY DR.
City-St-Zip: TAMPA, FL 33615

Title: SD () Delete
Name: STEFANAKOS, KARLENE
Address: 5110 E. LONGBOAT BLVD.
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: ALBERTS, MARGARET
Address: 5110 E LONGBOAT BLVD
City-St-Zip: TAMPA, FL 33615

Title: VPD (X) Change () Addition
Name: TAYLOR, CARYL
Address: 5913 BAYSIDE KEY DR
City-St-Zip: TAMPA, FL 33615

Title: PD (X) Change () Addition
Name: STEFANAKOS, KARLENE
Address: 5110 E LONGBOAT BLVD
City-St-Zip: TAMPA, FL 33615

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KARLENE STEFANAKOS

PD

04/11/2005

Electronic Signature of Signing Officer or Director

_____ Date