

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**  
 05-24-2000 90081 044 \*\*\*\*61.25

DOCUMENT # N99000004535

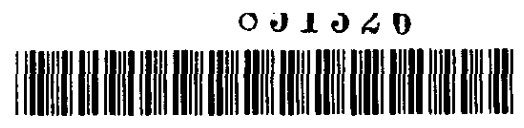
1. Entity Name  
**SUMMERFIELD AT BAYSIDE LAKES HOMEOWNERS ASSOCIAT**

Principal Place of Business      Mailing Address  
**201 E NEW HAVEN AVENUE**      **201 E NEW HAVEN AVENUE**  
**MELBOURNE FL 32901**      **MELBOURNE FL 32901-4503**

2. Principal Place of Business      3. Mailing Address  
**712 PALMETTO AVE.**      **P.O. BOX 309**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**MELBOURNE, FL**      **MELBOURNE, FL**  
 Zip      Country      Zip      Country  
**32901**           **32902-0309**           **FL**      **32901**

4. FEI Number      Applied For  
**59-3623476**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**JEFFERIES, BENJAMIN E**  
**201 E NEW HAVEN AVENUE**  
**MELBOURNE FL 32901**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**712 PALMETTO AVE.**  
 City      State      Zip Code  
**MELBOURNE**      **FL**      **32901**

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: *Benj. E. Jeff*      DATE: 4/28/2000  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>JEFFERIES, BENJAMIN E</b> <b>201 E NEW HAVEN AVENUE</b> <b>MELBOURNE FL 32901</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>THOMPSON, RONALD</b> <b>544 PONDEROSA STREET</b> <b>WEST MELBOURNE FL 32904</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>D</b> <b>FACCIOBENE, FRANK</b> <b>601 W EDGEWOOD DRIVE</b> <b>MELBOURNE FL 32901</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>712 PALMETTO AVE.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>GOATLEY COLEMAN</b> <b>712 PALMETTO AVE</b> <b>MELBOURNE, FL 32901</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Benj. E. Jeff*      DATE: 4/28/2000      **321-952-2414**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)