

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90339 042 \*\*\*\*61.25

**DOCUMENT # N99000004535**

1. Entity Name

**SUMMERFIELD AT BAYSIDE LAKES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

712 PALMETTO AVE  
 MELBOURNE FL 32901

P O BOX 309  
 MELBOURNE FL 32902-0309

**B0074909**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3391 Bayside LAKES

3391 Bayside LAKES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BIDD. SE

BIDD. SE

City & State

City & State

Palm Bay, FL

Palm Bay, FL

Zip

Country

Zip

Country

32909

US

32909

US

4. FEI Number

59-3623476

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

JEFFERIES, BENJAMIN E  
 712 PALMETTO AVE  
 MELBOURNE FL 32901

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	D <input type="checkbox"/> Delete
NAME	JEFFERIES, BENJAMIN E
STREET ADDRESS	712 PALMETTO AVE
CITY-ST-ZIP	MELBOURNE FL 32901
TITLE	D <input type="checkbox"/> Delete
NAME	GOATLEY, COLEMAN
STREET ADDRESS	712 PALMETTO AVE
CITY-ST-ZIP	MELBOURNE FL 32901
TITLE	D <input type="checkbox"/> Delete
NAME	FACCIOBENE, FRANK
STREET ADDRESS	601 W EDGEWOOD DRIVE
CITY-ST-ZIP	MELBOURNE FL 32901
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	DD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jefferies, Benjamin
STREET ADDRESS	3391 Bayside LAKES BIDD SE
CITY-ST-ZIP	Palm Bay, FL 32909
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-02

676-6444

CR2E037 (9/01)