


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000004535 1. Entity Name SUMMERFIELD AT BAYSIDE LAKES HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 3391 BAYSIDE LAKES BLDG. SE PALM BAY FL 32909	Mailing Address 3391 BAYSIDE LAKES BLDG. SE PALM BAY FL 32909
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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4. FEI Number 59-3623476	Applied For <input type="checkbox"/> Not Applicable
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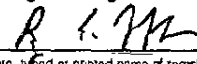
Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
JEFFERIES, BENJAMIN E 3391 BAYSIDE LAKE BLVD SE PALM BAY FL 32909

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent

SIGNATURE  DATE **3/7/05**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD JEFFERIES, BENJAMIN E	<input type="checkbox"/>
NAME	3391 BAYSIDE LAKES BLVD SE	
STREET ADDRESS	PALM BAY FL 32909	
CITY-ST-ZIP		
TITLE	VDS GOATLEY, COLEMAN	<input type="checkbox"/>
NAME	3391 BAYSIDE LAKES BLVD SE	
STREET ADDRESS	PALM BAY FL 32-909+	
CITY-ST-ZIP		
TITLE	D FACCIOBENE, FRANK	<input type="checkbox"/>
NAME	601 W EDGEWOOD DRIVE	
STREET ADDRESS	MELBOURNE FL 32901	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	U00000258020		
NAME	03/10/05-80025-012 61.25		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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:  DATE: **3/7/05** DAYTIME PHONE #: **321-952-2414**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR