


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000004535**

1. Entity Name  
SUMMERFIELD AT BAYSIDE LAKES HOMEOWNERS  
ASSOCIATION, INC.



Principal Place of Business 770 NORTH DRIVE SUITE A MELBOURNE, FL 32934-9270	Mailing Address 770 NORTH DRIVE SUITE A MELBOURNE, FL 32934-9270
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**DO NOT WRITE IN THIS SPACE**



01232007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3623476	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

JEFFERIES, BENJAMIN E  
770 NORTH DRIVE  
SUITE A  
MELBOURNE, FL 32934-9270

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JEFFERIES, BENJAMIN E 770 NORTH DRIVE SUITE MELBOURNE, FL 329349270
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS GOATLEY, COLEMAN 770 NORTH DRIVE SUITE A MELBOURNE, FL 329349270
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FACCIOBENE, FRANK 601 W EDGEWOOD DRIVE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000642209  
03/01/07-80033-014 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]* **1/23/07** **321-952-2414**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #