

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000004866

**FILED**  
**Feb 23, 2024**  
**Secretary of State**  
**6964588396CC**

**Entity Name:** PLAYERS CLUB AT BAYSIDE LAKE HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1275 S PATRICK DRIVE  
SUITE J  
SATELLITE BEACH, FL 32937

**Current Mailing Address:**

PO BOX 372850  
SATELLITE BEACH, FL 32937 US

**FEI Number: 02-0598832**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BAYSIDE MANAGEMENT SERVICES AND CONSULTING INC  
1275 S PATRICK DRIVE  
SUITE J  
SATELLITE BEACH, FL 32937 US

*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: SARA LAPOINTE**

**02/23/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name SMITH, JOANIE  
Address 500 PING PLACE SE  
City-State-Zip: PALM BAY FL 32909

Title PRESIDENT  
Name WESTFALL, THOMAS  
Address 1960 MUIRFIELD WAY SE  
City-State-Zip: PALM BAY FL 32909

Title TREASURER  
Name GOOCH, PEGGY  
Address 2014 MUIRFIELD WAY SE  
City-State-Zip: PALM BAY FL 32909

Title SECRETARY  
Name UTT, LYNE  
Address 552 PING  
City-State-Zip: PALM BAY FL 32909

Title DIRECTOR  
Name CURRY, MARTIN  
Address 590 PING PLACE  
City-State-Zip: PALM BAY FL 32909

*I hereby 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 all other like empowered.*

**SIGNATURE: THOMAS WESTFALL**

**PRESIDENT**

**02/23/2024**

Electronic Signature of Signing Officer/Director Detail

Date