

5-19-97 B-1510 C

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N00347** (7)

1. Corporation Name

BAYSIDE VILLAS CONDOMINIUM ASSOCIATION AT BLUEWATER BAY, INC.

Principal Place of Business

Mailing Address

1950 BLUEWATER BLVD.
P.O. BOX 247
NICEVILLE FL 32588-58911950 BLUEWATER BLVD.
P.O. BOX 247
NICEVILLE FL 32588-0247

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1950 Bluewater Boulevard

22 City & State

27 City & State
28 Niceville, FL

23 Zip Country

28 Zip Country

24 25 29 30 32578

3. Date Incorporated or Qualified
12/14/19833a. Date of Last Report
07/18/1996

4. FEI Number

59-2544413

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZIVAN, JEROME
4400 HWY 20E, #304
NICEVILLE FL 32578

81 Name

Stewart L. Gooding

82 Street Address (P.O. Box Number is Not Acceptable)

722 Prestwick Drive

83

84 City

Niceville

FL

85 Zip Code

32578

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reappointing)

4/29/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	☒ DELETE
NAME	ZIVAN, JEROME A.	
STREET ADDRESS	1329 WINDWARD CIR.	
CITY-ST-ZIP	NICEVILLE FL 32578	

TITLE	PD	☐ DELETE
NAME	KOSLOWSKY, DIETER	
STREET ADDRESS	BIKENKARN 88, 488	
CITY-ST-ZIP	GELSEN KICHEN BRIER GERMANY FL	

TITLE	ST	☐ DELETE
NAME	SIMONSON, RICHARD	
STREET ADDRESS	413 S 5TH ST.	
CITY-ST-ZIP	FT ATKINSON WI 53538	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	VD	☐ Change ☒ Addition
1.2 NAME	Buntrock, Gunter	
1.3 STREET ADDRESS	Carriage Hills Realty, 1821 John Sims	
1.4 CITY-ST-ZIP	Niceville, FL 32578	

2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

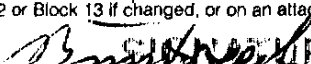
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  SIGNATURE REQUIRED

4-29-97

Date

Daytime Phone # 0074812

CR2E037 (9/96)