2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State
05-10-2000 90182 050 ****61.25

DOCUMENT # N00347

1. Entity Name

BAYSIDE VILLAS CONDOMINIUM ASSOCIATION AT BLUEWA

Principal Place of Business	Mailing Address
1950 BLUEWATER BLVD. P.O.BOX 247 NICEVILLE FL 32588-5891	1950 BLUEWATER BLVD NICEVILLE FL 32578-3879 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2544413 ☐ 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
GOODING, STEWART L 722 PRESTWICK DR NICEVILLE FL 32578	Name: Scott Pursell Street Address (P.O. Box Number is Not Acceptable): 48 Marina Cove Drive, # 101 City: Niceville, FL Zip Code: 32578

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: Scott D. Pursell DATE: April 28, 2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BUNTROCK, GUNTER CARRIAGE HILLS REALTY 1821 JOHN SIMS NICEVILLE FL	☐ Delete	VD Gunter Buntrock c/o Robert Johnson, 357 Jamaica Way Niceville, FL 32578	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KOSLOWSKY, DIETER BIKENKARN 88, 466 GELSEN KICHEN BRIER GERMANY FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SIMONSON, RICHARD 413 S 5TH ST. FT ATKINSON WI 53538	☐ Delete	CAC.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: G. Richard Simonson Sec/Treas 4/28/00 (850)897-3613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR