FILED

04-25-2001 90151 033 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00347

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 US				1 ·		
2. Principal Place of Business 3. Mailing Address								
<u>ຮັດຊຣາປຕັນ</u> Suite, Apt. :	1.11as Combi Assoc at Bivs	Suite, Apt. #, etc.			DO NO	OT WRITE IN THIS S	PACE	
	y 20 East Suite 313	POBOx 5263			2011			
City & State		City & State			4. FEI Number 59-254	4413		lied For
Nice ville FL Zip Country		Niceville, FL Zip Country			39 237		Not \$8.75 Addit	Applicable
3a51		32578	us	•	5. Certificate of Status De		Fee Required	
	6. Name and Address of Current I	Registered Agent			7. Name and Address of	New Registered A	gent	
				Purs	ELL SCOTT			
Street					ldress (P.O. Box Number is Not Acceptable) わないれ どいど Drivじ			
722 PRESTWICK DR					THE COLO DI			
NICEVILLE FL 32578				# 10 1	. 1	— :	Zip Code	
				Nicev		FL	Zip Code	B .
8. The above	named entity submits this statement for	r the purpose of changing its r	egistered	office or regist	tered agent, or both, in the sta	te of Florida.		
	1 A M)//		77	-110	_	
SIGNATURE .	Sull H.	Jusel	<u>V </u>		Clp	M/9,	2.00	2/_
.•	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered A	gent signature requi	ired when reinstating)	DATE		
		A F S O D D D D D D D D D D	F			Males Observed	Davishla 4a	
FILE NOW: 9. Election Campaign Firest Free IS \$61.25 Trust Fund Contribution			_		.00 May Be	Make Check I Department		
	1 ΔΕ 10 φ01.20					•		
10.	OFFICERS AND DIF		11.	II CAN	ADDITIONS/CHANGES TO	OFFICERS AND DI		
TITLE NAME	VD			I* -		- > .	☐ Change	Addition
STREET ADDRESS				ADDOCCC 47	maunice Dr	# 111		
CITY-ST-ZIP				r-ZIP Nii	ceville, FL 3°	25 78		
TITLE	PD	🔀 Delete	TITLE	(56	zere tary)5		☐ Change	Addition
NAME	KOSLOWSKY, DIETER		NAME		na Blair 7 Marina Coce	D~ #111		
STREET ADDRESS CITY-ST-ZIP	Directal Action Co., 400				iceville, FL 3			
TITLE	ST ST	Delete	TITLE	1-	1 - 1 - 1 P		Change	Addition
NAME	SIMONSON, RICHARD	2 50000	NAME	51	monson allow	nd		_
STREET ADDRESS	413 S 5TH ST.				13 5 5th Sti	7 10 C	_	
CITY-ST-ZIP	FT ATKINSON WI 53538		CITY-S		r Atkinson, W	上 53538		Addition
TITLE NAME		☐ Delete	TITLE NAME	•	easurer)T		Change	Addition
STREET ADDRESS				ADDRESS 80	a wans	akc Dr		
CITY-ST-ZIP			CITY-S	T-ZIP 3.	irming nam, A	L 35216	•	
TITLE		☐ Delete	TITLE	Di	rector 1 D ohn Ather ton 164 Johnson F		☐ Change	Addition
NAME OZBEET ADDRESOS			NAME	ADDRESS 28	onn Ather top	erry #10	5	
STREET ADDRESS			■ SINCE	ADDRESS I 🚄 🤉		ن		
CITY-ST-71P			CITY-S	ST-ZIP	arietta GA 3	0062-5	635	
CITY-ST-ZIP		☐ Nelote	CITY-S	ST-ZIP M	arieta, GA 3	0042-5	635	☐ Addition
CITY-ST-ZIP YITLE NAME		☐ Delete		ST-ZIP N	arieta, GA 3	0042-5	635 □ Change	☐ Addition
TITLE		☐ Delete	CITY-S TITLE NAME	ST-ZIP M	arieta, GA 3	<u>0042-5</u>	635	☐ 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: 4

Mordo SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

950-897-9400