2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
05-23-2002 90106 010 ****61.25

DOCUMENT # N00347

1. Entity Name

BAYSIDE VILLAS CONDOMINIUM ASSOCIATION AT BLUEWA TER BAY, INC.

Principal Place of Business	Mailing Address
BAYSIDE VILLAS CONDO ASSOC. AT BLUEWA 4400 HWY 20 EAST SUITE #313 NICEVILLE FL 32578	P.O. BOX 5263 NICEVILLE FL 32578 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
PURSELL, SCOTT 48 MARINA COVE DR NICEVILLE FL 32578	Name: DARLANE LANDSBERGER Street Address (P.O. Box Number is Not Acceptable): 4400 HWY 20 E SUITE 313 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: _____ Darlane Landsberger APR 2 6 2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 BLAIR, ROBERT 47 MARINA COVE DR #111 NICEVILLE FL 32578	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BLAIR, ANN 47 MARINA COVE DR #111 NICEVILLE FL 32578	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D BLAIR, ANNE 47 MARINA COVE DR. #111 NICEVILLE, FL 32578 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SIMONSON, RICHARD 413 S 5TH ST. FT ATKINSON WI 53538	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D SIMONSON, RICHARD 413 S. 5TH STREET FT. ATKINSON, WI 53538 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS SIMONSON, RICHARD 413 S 5TH ST FORT ATKINSON WI 53538	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WATTS, ED 804 VESTAVIA LAKE DR BIRMINGHAM AL 35216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D WATTS, EDGAR 3329 TIMBER RIDGE DR. BIRMINGHAM, AL 35243 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ATHERTON, JOHN 2864 JOHNSON FERRY #100 MARIETTA GA 30062-5635	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: _____ Richard Simonson 4/26/2002 920-563-7239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #