2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007
Secretary of State

DOCUMENT# N00347

Entity Name: BAYSIDE VILLAS CONDOMINIUM ASSOCIATION AT BLUEWATER BAY, INC.

Current Principal Place of Business:

4400 HWY 20 EAST E
SUITE 313
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5263
NICEVILLE, FL 32578 US

New Mailing Address:

FEI Number: 59-2544413 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANDSBERGER, DARLANE
4400 HWY 20 E
SUITE 313
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WERNER, THOMAS
Address: 1027 W CHOCTAWHATCHEE
City-St-Zip: NICEVILLE, FL 32578

Title: SD ( ) Delete
Name: BLAIR, ANNE
Address: 27 SOUTHWIND COURT
City-St-Zip: NICEVILLE, FL 32578

Title: SD ( ) Delete
Name: LANDSBERGER, DARLANE
Address: 4400 HWY 20 EAST SUITE 313
City-St-Zip: NICEVILLE, FL 32578

Title: VPD ( ) Delete
Name: CASEY, CATHY
Address: 48 MARINA COVE DRIVE #304
City-St-Zip: NICEVILLE, FL 32578

Title: TD (X) Delete
Name: SIMONSON, RICHARD
Address: 413 S 5TH STREET
City-St-Zip: FT ATKINSON, WI 53538

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: PURSELL, SCOTT
Address: 1635 OAKMONT CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Title: STD (X) Change ( ) Addition
Name: SIMONSON, RICHARD
Address: 413 S 5TH STREET
City-St-Zip: FT ATKINSON, WI 53538

Title: D (X) Change ( ) Addition
Name: ALLRED, KENNETH
Address: 47 MARINA COVE DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TOM WERNER PD 03/28/2007

Electronic Signature of Signing Officer or Director — Date