2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90432 031 ****61.25

DOCUMENT # N00347

1. Entity Name

BAYSIDE VILLAS CONDOMINIUM ASSOCIATION AT BLUEWATER BAY, INC.

8008857U

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

XX CHECK HERE IF MAKING CHANGES

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
LANDSBERGER, DARLANE 4400 HWY 20 E STE 313 NICEVILLE FL 32578	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 4-15-03
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 Florida 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	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WERNER, THOMAS 1027 CHOCTAWHATCHEE DRIVE NICEVILLE FL 32578	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BLAIR, ANNE 47 MARINA COVE DR #111 NICEVILLE FL 32578	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SHOOK, ALICE 47 MARINA COVE DRIVE #311 NICEVILLE FL 32578	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SIMONSON, RICHARD 413 S 5TH ST. FT ATKINSON WI 53538	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, BILLY 645 CUNNINGHAM DRIVE DAVENPORT FL 33837	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WATTS, EDGAR 3329 TIMBER RIDGE RD. BIRMINGHAM AL 35243	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ATHERTON, JOHN 2864 JOHNSON FERRY #100 MARIETTA GA 30062-5635	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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.

850-897-9400

SIGNATURE: _____ 4/15/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date