


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2005 8:00 am
Secretary of State

03-09-2005 90032 044 ****61.25

DOCUMENT # N03000005085
 1. Entity Name
BAYSIDE ESTATES OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
305 MAIN STREET 305 MAIN STREET
DESTIN FL 32541 DESTIN FL 32541



2. Principal Place of Business 3. Mailing Address
644 Florida Ave P.O. Box 1306
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Unit C

1st MOORE CR2E037 (10/04)

City & State City & State
Panama City, FL Panama City, FL
 Zip Country Zip Country
32401 BAY 32402 BAY

4. FEI Number Applied For
20-0565737 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BURKE, TODD
221 MCKENZIE AVE
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent
 Name **G. B. GREGORY**
 Street Address (P.O. Box Number is Not Acceptable) **644 FLORIDA AVE Unit C**
 City **Panama City** FL Zip Code **32401**

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 **G. B. GREGORY** DATE **4 MAR 05**
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
Due By May 1, 2005

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RIGBY, RICHARD 926 LEE COURT CALLAWAY FL 32404	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RIGBY, TIFFINEY 926 LEE COURT CALLAWAY FL 32404	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PACE, JAMES I JR 305 MAIN STREET DESTIN FL 32541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President G. B. GREGORY 644 FLORIDA AVE Unit C PANAMA CITY, FL 32401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT TONY GALLINA 644 FLORIDA AVE UNIT D PANAMA CITY, FL 32401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TRES RANDY FRIDLEY 644 FLORIDA AVE UNIT E PANAMA CITY, FL 32401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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. B. GREGORY** DATE **7 MAR 05** DAYTIME PHONE # **850 871 0026**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #