



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90053 045 \*\*\*\*61.25

DOCUMENT # N03000005085			
1. Entity Name BAYSIDE ESTATES OWNERS ASSOCIATION, INC.			
Principal Place of Business 644 FLORIDA AVE <del>UNIT C</del> PANAMA CITY FL 32401		Mailing Address PO BOX 1306 PANAMA CITY FL 32402	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. <b>Unit G</b>		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent GREGORY, G. B. 644 FLORIDA AVE UNIT C PANAMA CITY FL 32401		7. Name and Address of New Registered Agent Name <b>ELIZABETH MOORE</b> Street Address (P.O. Box Number is Not Acceptable) <b>644 FLORIDA AVE UNIT G</b> City <b>Panama City</b> FL Zip Code <b>32401</b>	
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 		DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <input checked="" type="checkbox"/> P	NAME GREGORY, G.B.	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 644 FLORIDA AVE UNIT C	CITY ST ZIP PANAMA CITY FL 32401	NAME	
TITLE	NAME GALLINA, TONY	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 644 FLORIDA AVE UNIT D	CITY ST ZIP PANAMA CITY FL 32401	NAME <b>P Moore, Elizabeth</b>	
TITLE	NAME FRIDLEY, RANDY	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 644 FLORIDA AVE UNIT E	CITY ST ZIP PANAMA CITY FL 32401	STREET ADDRESS <b>644 Florida Ave. Unit G</b>	
TITLE	NAME	CITY ST ZIP <b>Panama City, FL 32401</b>	
STREET ADDRESS	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY ST ZIP	NAME	STREET ADDRESS	
TITLE	NAME	CITY ST ZIP	
STREET ADDRESS	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY ST ZIP	NAME	STREET ADDRESS	
TITLE	NAME	CITY ST ZIP	
STREET ADDRESS	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY ST ZIP	NAME	STREET ADDRESS	
TITLE	NAME	CITY ST ZIP	



1st MOORE CR2E037 (10/06)

4. FEI Number **20-0565737** Applied For  Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  DATE: **1/27/07**