

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**NI 7793**

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Sandra B. Cooper, Secretary  
DIVISION OF CORPORATIONS

**FILED**  
97 MAY -8 AM 9:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name **BAYSIDE HOMEOWNERS ASSOCIATION, INC.**  
(A Not For Profit Corporation)

Principal Place of Business Mailing Address  
**1834 STATE RD 13 NORTH**  
**SWITZERLAND, FL 32259**  
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
	<b>P.O. BOX 57201</b>	<b>17 NOV 1986</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number
		<b>59-2843382</b>
City & State	City & State	Applied For
	<b>JACKSONVILLE FL</b>	Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status
<b>32241</b>	<b>USA</b>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	DEBRA D. BROWNE	1722 BAYSIDE BLVD	SWITZERLAND / FL / 32259
S	LYNN ABBOTT	974 RAVINE RD N	SWITZERLAND / FL / 32259
ND	HARLAN EATON	1001 RAVINE TERRACE	SWITZERLAND / FL / 32259
TD	MATT COAN	1029 SPINWAKER LN	SWITZERLAND / FL / 32259
D	BOB McNALLY	1716 Bayside Blvd.	SWITZERLAND / FL / 32259

**REINSTATEMENT 91-97**  
**5/19/97**  
ADD DIR  
P.F.  
JULIAN  
SPRINGER

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
<b>700002204907--9</b> <b>-06/06/97--01125--003</b> <b>***6125.50 ****612.50</b>	Name <b>CASEY Webb</b> Street Address (P.O. Box Number is Not Acceptable) <b>3604 South University Blvd</b> Suite, Apt. #, Etc. <b>Suite 6</b> City <b>JACKSONVILLE</b> State <b>FL</b> Zip Code <b>32216</b>

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **Casey Webb** REGISTERED AGENT MUST SIGN Date **4/30/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **Debra D Browne** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **904-139-1312** Daytime Phone #