


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N17793 (3)
1. Corporation Name
BAYSIDE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 1834 STATE ROAD 13 NORTH SWITZERLAND FL 32259	Mailing Address P. O. BOX 57201 JACKSONVILLE FL 32241
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3. Date Incorporated or Qualified
11/17/1986

4. FEI Number 59-2843382	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**WEBB, CASEY
3804 SOUTH UNIVERSITY BLVD.
SUITE 6
JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, LAMAR	1.2 NAME ORTIZ, VINNY
STREET ADDRESS	1004 RAVINE TERRACE	1.3 STREET ADDRESS 1798 BAYSIDE BLVD.
CITY-ST-ZIP	SWITZERLAND FL 32259	1.4 CITY-ST-ZIP SWITZERLAND, FL 32259
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, SUSAN	2.2 NAME HARTWELL, JIM
STREET ADDRESS	1705 BAYSIDE BLVD.	2.3 STREET ADDRESS 1007 RAVINE TERRACE
CITY-ST-ZIP	SWITZERLAND FL 32259	2.4 CITY-ST-ZIP SWITZERLAND, FL 32259
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNALLY, ROBERT	3.2 NAME
STREET ADDRESS	1718 BAYSIDE BLVD.	3.3 STREET ADDRESS
CITY-ST-ZIP	SWITZERLAND FL 32259	3.4 CITY-ST-ZIP
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROPES, EUGENE	4.2 NAME
STREET ADDRESS	951 BAYSIDE BLVD.	4.3 STREET ADDRESS
CITY-ST-ZIP	SWITZERLAND FL 32259	4.4 CITY-ST-ZIP
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILOSETA, JOSEPH	5.2 NAME
STREET ADDRESS	1734 BAYSIDE BLVD.	5.3 STREET ADDRESS
CITY-ST-ZIP	SWITZERLAND FL 32259	5.4 CITY-ST-ZIP
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOUT, CECIL	6.2 NAME
STREET ADDRESS	1737 BAYSIDE BLVD.	6.3 STREET ADDRESS
CITY-ST-ZIP	SWITZERLAND FL 32259	6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eugene Stropes **TREASURER** 3-5-98 904287-9652

CR2E037 (10/97)