

FILE, NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90034 014 \*\*\*\*61.25

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| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # N17793**

1. Corporation Name  
**BAYSIDE HOMEOWNERS ASSOCIATION, INC.**

|   |   |
|---|---|
| Principal Place of Business<br>1834 STATE ROAD 13 NORTH<br>SWITZERLAND FL 32259 | Mailing Address<br>P. O. BOX 57201<br>JACKSONVILLE FL 32241 |
|---|---|



|                                      |   |   |
|--------------------------------------|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26   | 3. Date Incorporated or Qualified<br>11/17/1986   |
| Suite, Apt. #, etc. . . . .          | Suite, Apt. #, etc. . . . .   | 4. FEI Number<br>59-2843382   |
| 22                                   | 27  | Applied For<br>Not Applicable   |
| City & State<br>23                   | City & State<br>28  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
| Zip<br>24                            | Country<br>25   | Zip<br>29   |
| Country<br>30                        | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |

|   |  |                                |
|---|--|--------------------------------|
| 9. Name and Address of Current Registered Agent<br><br><b>WEBB, CASEY</b><br><b>3804 SOUTH UNIVERSITY BLVD.</b><br><b>SUITE 6</b><br><b>JACKSONVILLE FL 32216</b> | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>3101 UNIVERSITY BLVD. S., SUITE 206</b><br>83<br>84 City<br><b>JACKSONVILLE</b> | 85 Zip Code<br><b>FL 32216</b> |
|---|--|--------------------------------|

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS                     |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12           |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>ORTIZ, VINNY<br>1798 BAYSIDE BLVD<br>SWITZERLAND FL 32259 <input checked="" type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>HARTWELL, JIM<br>1007 RAVINE TERR<br>SWITZERLAND FL 32259 <input checked="" type="checkbox"/> DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>STROPES, EUGENE<br>951 BAYSIDE BLVD.<br>SWITZERLAND FL 32259 <input type="checkbox"/> DELETE         | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>STOUT, CECIL<br>1737 BAYSIDE BLVD.<br>SWITZERLAND FL 32259 <input type="checkbox"/> DELETE           | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP  | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE  | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP  | VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE  | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP  | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|  |  | KELLERMANN, TED<br>990 RAVINE ROAD NO.<br>SWITZERLAND, FL 32259 |   |
|  |  | GOODWIN, JAMES<br>1021 RAVINE TERRACE<br>SWITZERLAND, FL 32259  |   |

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, with all other like empowered.

SIGNATURE: CECIL STOUT 1/24/99 904-723-3377  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)