

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

01-16-2001 90057 002 ****61.25

DOCUMENT # N17793

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2843382

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEBB, CASEY
3101 UNIVERSITY BLV DS SUITE 205
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution:

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FONDA, BLAIR	
STREET ADDRESS	974 RAVINE RD N	
CITY-ST-ZIP	SWITZERLAND FL 32259	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	STOUT, CECIL	
STREET ADDRESS	1737 BAYSIDE BLVD.	
CITY-ST-ZIP	SWITZERLAND FL 32259	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, BEN	
STREET ADDRESS	1765 BAYSIDE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GOODWIN, JAMES	
STREET ADDRESS	1021 RAVINE TERRACE	
CITY-ST-ZIP	SWITZERLAND FL 32259	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	H. SAM BARNETT	
STREET ADDRESS	1028 SPINNAKER LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHYLLIS J. MACY	
STREET ADDRESS	964 BAYSIDE BLUFF RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATTHEW COAN	
STREET ADDRESS	1029 SPINNAKER LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID COOKSEY	
STREET ADDRESS	1308 BAYSIDE BLVD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID COOKSEY 1/9/01
Date

904-723-3377
Daytime Phone #

CP2E037 (10/00)



DO NOT WRITE IN THIS SPACE