


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90010 015 ****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		
Zip			Country		
Zip			Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WEBB, CASEY 8036 PHILLIPS HIGHWAY, SUITE 6 JACKSONVILLE, FL 32256				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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	PD	<input type="checkbox"/> Delete		TITLE	VD
NAME	MACY, PHYLLIS J			NAME	KATHY MCGRAW
STREET ADDRESS	464 BAYSIDE BLUFF RD			STREET ADDRESS	1690 BAYSIDE BLVD.
CITY-ST-ZIP	SWITZERLAND, FL 32259			CITY-ST-ZIP	SWITZERLAND, FL 32259
TITLE	TD	<input type="checkbox"/> Delete		TITLE	SD
NAME	KELLERMANN, TED			NAME	JUDITH DOES
STREET ADDRESS	990 RAVINE RD N			STREET ADDRESS	1710 BAYSIDE BLVD.
CITY-ST-ZIP	SWITZERLAND, FL 32259			CITY-ST-ZIP	SWITZERLAND, FL 32259
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	BROWNE, RICK			NAME	
STREET ADDRESS	1722 BAYSIDE BLVD			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32259			CITY-ST-ZIP	
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	BARRINEAU, EDWIN			NAME	
STREET ADDRESS	1799 BAYSIDE BLVD			STREET ADDRESS	
CITY-ST-ZIP	SWITZERLAND, FL 32259			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: <i>T.C. Kellerman</i>				Date: 2/4/04 (904) 287-5334	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	