2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17793

FILED Feb 04, 2005 Secretary of State

Entity Name: BAYSIDE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1834 STATE ROAD 13 NORTH SWITZERLAND, FL 32259

Current Mailing Address: New Mailing Address:

P. O. BOX 57201 JACKSONVILLE, FL 32241

FEI Number: 59-2843382 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WEBB, CASEY
WEBB, CASEY

8036 PHILLIPS HIGHWAY, SUITE 6 8036 PHILIPS HIGHWAY, SUITE 6 JACKSONVILLE, FL 32256 US JACKSONVILLE, FL 32256 US

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: 02/04/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PD () Delete Title: PD (X) Change () Addition

 Name:
 MACY, PHYLLIS J
 Name:
 VRANICAR, T J

 Address:
 464 BAYSIDE BLUFF RD
 Address:
 1029 SPINNAKER LANE

 City-St-Zip:
 SWITZERLAND, FL 32259
 City-St-Zip:
 SWITZERLAND, FL 32259

Title: TD () Delete Title: TD (X) Change () Addition Name: KELLERMANN, TED Name: GREEN, PAT

Address: 990 RAVINE RD N Address: 1021 ANCHOR RD.
City-St-Zip: SWITZERLAND, FL 32259 City-St-Zip: SWITZERLAND, FL 32259

Title: VD () Delete Title: VD (X) Change () Addition Name: MCGRAW, KATHY Name: MACY, CHUCK

Address: 1690 BAYSIDE BLVD. Address: 964 BAYSIDE BLUFF RD.
City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: JACKSONVILLE, FL 32259

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 DOES, JUDITH
 Name:
 BEELER, ANNA

 Address:
 1710 BAYSIDE BLVD.
 Address:
 999 RAVINE RD. N.

 City-St-Zip:
 SWITZERLAND, FL 32259
 City-St-Zip:
 SWITZERLAND, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CASEY WEBB RA 02/04/2005