## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N17793

FILED Mar 04, 2006 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 8036 PHILIPS HIGHWAY, SUITE 6 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:

Flateria Circulus of Business I Asset

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 VRANICAR, T J
 Name:
 RICHARDS, GARY

 Address:
 1029 SPINNAKER LANE
 Address:
 1021 RAVINE TERRACE

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

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

 Name:
 GREEN, PAT
 Name:
 MARTIN, DARIA

 Address:
 1021 ANCHOR RD.
 Address:
 995 RAVINE RD. N.

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

Title: VD () Delete Title: VD (X) Change () Addition
Name: MACY, CHUCK Name: EDENFIELD, JON

Address: 964 BAYSIDE BLUFF RD. Address: 1004 RAVINE TERRACE
City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: JACKSONVILLE, FL 32259

 $\label{eq:title:sde} {\sf Title:} \qquad {\sf SD} \qquad (\ ) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SD} \qquad ({\sf X}) \, {\sf Change} \, (\ ) \, {\sf Addition}$ 

 Name:
 BEELER, ANNA
 Name:
 KELLERMANN, TED

 Address:
 999 RAVINE RD. N.
 Address:
 990 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 Chapter 119, 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: DARIA MARTIN TD 03/04/2006