

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17793

FILED
Feb 13, 2007
Secretary of State

Entity Name: BAYSIDE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1834 STATE ROAD 13 NORTH
SWITZERLAND, FL 32259

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 57201
JACKSONVILLE, FL 32241

New Mailing Address:

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

Name and Address of Current Registered Agent:

WEBB, CASEY
8036 PHILIPS HIGHWAY, SUITE 6
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RICHARDS, GARY
Address: 1021 RAVINE TERRACE
City-St-Zip: SWITZERLAND, FL 32259

Title: TD () Delete
Name: MARTIN, DARIA
Address: 995 RAVINE RD. N.
City-St-Zip: SWITZERLAND, FL 32259

Title: VD () Delete
Name: EDENFIELD, JON
Address: 1004 RAVINE TERRACE
City-St-Zip: JACKSONVILLE, FL 32259

Title: SD () Delete
Name: KELLERMANN, TED
Address: 990 RAVINE RD. N.
City-St-Zip: SWITZERLAND, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MACKENZIE, JOHN R
Address: 950 BAYSIDE BLUFF ROAD
City-St-Zip: SWITZERLAND, FL 32259

Title: TD (X) Change () Addition
Name: MACY, PHYLLIS
Address: 964 BAYSIDE BLUFF ROAD
City-St-Zip: SWITZERLAND, FL 32259

Title: VD (X) Change () Addition
Name: ORTIZ, VINCENT
Address: 1798 BAYSIDE BLVD.
City-St-Zip: JACKSONVILLE, FL 32259

Title: SD (X) Change () Addition
Name: CARMODY, MIKE
Address: 1734 BAYSIDE BLVD.
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: PHYLLIS MACY

TD

02/13/2007

Electronic Signature of Signing Officer or Director

_____ Date