

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90100 011 \*\*\*\*61.25

**DOCUMENT # N44624**

1. Entity Name

**BAYSIDE OWNERS ASSOCIATION, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

10221 HIGHWAY 98  
 SUITE 23  
 DESTIN FL 32541  
 US

P.O. BOX 6225  
 DESTIN FL 32541-6225  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10221 Hwy 98 W  
 23  
 Destin FL 32541  
 32550

4. FEI Number **59-3131017**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GELDER, JAY B**  
**10221 HIGHWAY 98, SUITE 23**  
**DESTIN FL 32541**

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

*Jay B Gelder*

4/22/00

**FILE NOW:**  
**SEE 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CIMMINO, PETER	
STREET ADDRESS	937 KING POST RD	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	TD <del>President</del>	<input type="checkbox"/> Delete
NAME	RAUS, GENE	
STREET ADDRESS	35 HIBISCUS LANE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	SD <del>President</del> PD	<input type="checkbox"/> Delete
NAME	SHUPE, RICHARD	
STREET ADDRESS	387 SOUTH SHORE DRIVE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REEVES, BERNIE	
STREET ADDRESS	107 BAY TREE DRIVE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	Secretary SD	<input type="checkbox"/> Delete
NAME	GELDER, LISA A	
STREET ADDRESS	56 BONAIRE BLVD	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Doug Harris	
STREET ADDRESS	59 Heron Pointe Ct	
CITY-ST-ZIP	Destin FL 32541	

TITLE	Director D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J.J. Foster	
STREET ADDRESS	185 Bay Tree Drive	
CITY-ST-ZIP	Destin FL 32541	
TITLE	Director - <del>2000</del> D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chip Kosko	
STREET ADDRESS	126 South Shore Drive #24	
CITY-ST-ZIP	Destin FL 32541	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charlie Hicks - D	
STREET ADDRESS	214 Bay Tree Drive	
CITY-ST-ZIP	Destin FL 32541	
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:

*LISA A. GELDER* Secretary 4/18/00 850-654-1171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)