

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR 10 PM 8:11

DOCUMENT # **N93000002455 (4)**

1. Corporation Name

**BAYSIDE HOMEOWNERS ASSOCIATION, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: 1834 NORTH STATE ROAD 13 SWITZERLAND FL 32259  
Mailing Address: P.O. BOX 57201 JACKSONVILLE FL 32241 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/25/1993</b>	3a. Date of Last Report <b>03/28/1994</b>
4. FBI Number <b>59-2843382</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent <b>WEBB, CASEY 3604 UNIVERSITY BLVD. JACKSONVILLE FL 32216</b>	10. Name and Address of New Registered Agent
	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code <b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTWELL, MARY	1.2 NAME	REX STOUT
STREET ADDRESS	1007 RAVINE TERRACE	1.3 STREET ADDRESS	1737 BAYSIDE BLVD.
CITY-ST-ZIP	SWITZERLAND FL 32259	1.4 CITY-ST-ZIP	SWITZERLAND, FL 32259
TITLE	VPD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACY, CHUCK	2.2 NAME	LAMAR CAMPBELL
STREET ADDRESS	984 BAYSIDE BLUFF RD.	2.3 STREET ADDRESS	1004 RAVINE TERRACE
CITY-ST-ZIP	SWITZERLAND FL 32259	2.4 CITY-ST-ZIP	SWITZERLAND, FL 32259
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLER, STEVE	3.2 NAME	DANNY TANTON
STREET ADDRESS	995 RAVINE ROAD N.	3.3 STREET ADDRESS	925 BAYSIDE BLUFF RD.
CITY-ST-ZIP	SWITZERLAND FL 32259	3.4 CITY-ST-ZIP	SWITZERLAND, FL 32259
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLERMANN, TED C	4.2 NAME	CHUCK MACY
STREET ADDRESS	990 RAVINE TERRACE, NORTH	4.3 STREET ADDRESS	924 BAYSIDE BLUFF RD.
CITY-ST-ZIP	SWITZERLAND FL 32259	4.4 CITY-ST-ZIP	SWITZERLAND, FL 32259
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ 3/7/95 904-449-6455