

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000002455 (4)**

1. Corporation Name

BAYSIDE HOMEOWNERS ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: **05/25/1993**
3a. Date of Last Report: **03/10/1995**

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

4. FEI Number: **59-2843382**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEBB, CASEY
3804 UNIVERSITY BLVD.
JACKSONVILLE FL 32216**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STOUT, REX CECIL C.	
STREET ADDRESS	1737 BAYSIDE BLVD	
CITY-ST-ZIP	SWITZERLAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CAMPBELL, LAMAR	
STREET ADDRESS	1004 RAVINE TERRACE	
CITY-ST-ZIP	SWITZERLAND FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TANTON, DANNY	
STREET ADDRESS	925 BAYSIDE BLUFF RD.	
CITY-ST-ZIP	SWITZERLAND FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MACY, CHUCK	
STREET ADDRESS	964 BAYSIDE BLUFF RD.	
CITY-ST-ZIP	SWITZERLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	SD
13 STREET ADDRESS	FILSETH, JOE
14 CITY-ST-ZIP	1734 BAYSIDE BLVD. SWITZERLAND, FL 32259
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	TD
23 STREET ADDRESS	BOALES, OWEN
24 CITY-ST-ZIP	1020 RAVINE BLVD. SWITZERLAND, FL 32259
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(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: x *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CECIL C. STOUT

Mar 9, 1996 904-287-2151
Date District Phone #

CR2E037 (12/95)