

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000002455 (4)**

1. Corporation Name:  
**BAYSIDE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>1834 NORTH STATE ROAD 13 SWITZERLAND FL 32259</b>	Mailing Address <b>P.O. BOX 57201 JACKSONVILLE FL 32241-7201 US</b>
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<b>21</b> 2. Principal Place of Business	<b>2a</b> Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>05/25/1993</b>	<b>3a.</b> Date of Last Report <b>03/13/1996</b>
<b>4.</b> FEI Number <b>59-2843382</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>STOUT, "REX" CECIL C.</b>	
STREET ADDRESS	<b>1737 BAYSIDE BLVD</b>	
CITY-ST-ZIP	<b>SWITZERLAND FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>CAMPBELL, LAMAR</b>	
STREET ADDRESS	<b>1004 RAVINE TERRACE</b>	
CITY-ST-ZIP	<b>SWITZERLAND FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FILOSETA, JOE</b>	
STREET ADDRESS	<b>1734 BAYSIDE BLVD</b>	
CITY-ST-ZIP	<b>SWITZERLAND FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BOALES, OWEN</b>	
STREET ADDRESS	<b>1020 RAVINE BLVD</b>	
CITY-ST-ZIP	<b>SWITZERLAND FL</b>	
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**

<b>1.1</b> TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME		
<b>1.3</b> STREET ADDRESS		
<b>1.4</b> CITY-ST-ZIP		
<b>2.1</b> TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME		
<b>2.3</b> STREET ADDRESS		
<b>2.4</b> CITY-ST-ZIP		
<b>3.1</b> TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>3.2</b> NAME	<b>NOWAK, MARY LOU</b>	
<b>3.3</b> STREET ADDRESS	<b>1076 MAINSAIL LANE</b>	
<b>3.4</b> CITY-ST-ZIP	<b>SWITZERLAND, FL 32259</b>	
<b>4.1</b> TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>4.2</b> NAME	<b>EUGENE STROPES</b>	
<b>4.3</b> STREET ADDRESS	<b>951 BAYSIDE BLUFF ROAD</b>	
<b>4.4</b> CITY-ST-ZIP	<b>SWITZERLAND, FL 32259</b>	
<b>5.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME		
<b>5.3</b> STREET ADDRESS		
<b>5.4</b> CITY-ST-ZIP		
<b>6.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME		
<b>6.3</b> STREET ADDRESS		
<b>6.4</b> CITY-ST-ZIP		

**14.** I do 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 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: *Eugene Stropes* **1-3-96** **904-448-6465**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0000454

CR2E037 (9/96)