

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 741605 (0)

1. Corporation Name

BAYSIDE VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P O BOX 194  
ATTN: ASSN. MGMT.  
CAPTIVA ISLAND FL 33924  
US

P O BOX 194  
ATTN: ASSN. MGMT.  
CAPTIVA ISLAND FL 33392  
US

3. Date Incorporated or Qualified  
02/14/1978

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-1978203

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

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

23 City & State

28 City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

24 Zip

Country

29 Zip

Country

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

SOUTH SEAS PLANTATION RESORT  
13000 CAPTIVA ROAD  
ATTN: ASSN. MGMT.  
CAPTIVA ISLAND FL 33924

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME WEHMANN, FREDERICK  
STREET ADDRESS P O BOX 265  
CITY-ST-ZIP CAPTIVA FL

TITLE VD ☐ DELETE  
NAME LAURIE, CHARLES R JR.  
STREET ADDRESS 7000 FITZWATER  
CITY-ST-ZIP BRECKSVILLE OH

TITLE TD ☐ DELETE  
NAME FRASCATI, J. M  
STREET ADDRESS 250 KELBOURNE AVENUE  
CITY-ST-ZIP N TARRYTOWN MY

TITLE SD ☐ DELETE  
NAME KELLY, PTER  
STREET ADDRESS P O BOX 891 N/A  
CITY-ST-ZIP SANIBEL ISLAND FL

TITLE D ☐ DELETE  
NAME NUGENT, DONALD D  
STREET ADDRESS ONE LAKESIDE AVENUE  
CITY-ST-ZIP CLEVELAND OH

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☒ Change ☐ Addition  
42 NAME Kelly, Peter  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ 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:

*Federick Wehmann*  
FEDERICK WEHMANN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96

Date

941-395-2774

Daytime Phone #

CR2E037 (12/95)