

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **741605**

1. Corporation Name

BAYSIDE VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90123 014 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/14/1978

4. FEI Number

59-1978203

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing ☐**\$5.00** May Be
Added to Fees

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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 **D** ☐ DELETE
NAME **FRIEDENSDORF, FRANK**
STREET ADDRESS **P.O. BOX 775 N/A**
CITY-ST-ZIP **CAPTIVA FL 33924**

TITLE **PD** ☐ DELETE
NAME **LAURIE, CHARLES R JR.**
STREET ADDRESS **8180 BRECKSVILLE RD**
CITY-ST-ZIP **BRECKSVILLE OH**

TITLE **VPD** ☒ DELETE
NAME **FRASCATI, J. M**
STREET ADDRESS **250 KELBOURNE AVENUE**
CITY-ST-ZIP **N TARRYTOWN MY 10591**

TITLE **STD** ☐ DELETE
NAME **KELLY, PETER**
STREET ADDRESS **P O BOX 891 N/A**
CITY-ST-ZIP **SANIBEL ISLAND FL 33957**

TITLE **D** ☐ DELETE
NAME **NUGENT, DONALD D**
STREET ADDRESS **201 SUPERIOR AVE**
CITY-ST-ZIP **CLEVELAND OH**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **FRIEDERSDORF, FRANK**
1.3 STREET ADDRESS **1255 LOG HOLLOW POINT**
1.4 CITY-ST-ZIP **COLORADO SPRGS, CO 80906**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **V** ☐ Change ☒ Addition
3.2 NAME **GEORGE GOLS**
3.3 STREET ADDRESS **186 CONCORD ROAD**
3.4 CITY-ST-ZIP **WAYLAND, MA 01778**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)