

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741605

1. Entity 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 33924-0194
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1978203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME FRIEDENSDORF, FRANK
STREET ADDRESS 1255 LOG HOLLOW POINT
CITY-ST-ZIP COLORADO SPRINGS CO 80906

TITLE P ☒ Change ☐ Addition
NAME MICHAEL FRASCATI
STREET ADDRESS PO BOX 1157
CITY-ST-ZIP WOODBURY, CT 06798

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME GOLS, GEORGE
STREET ADDRESS 186 CONCORD ROAD
CITY-ST-ZIP WAYLAND WA 01778

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE D ☒ Change ☐ Addition
NAME ROXANNE KELLY
STREET ADDRESS PO BOX 891
CITY-ST-ZIP SANIBEL, FL 33957

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 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 #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)