

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741605

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDENSDORF, FRANK 1255 LOG HOLLOW POINT COLORADO SPRINGS CO 80906	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAURIE, CHARLES R JR. 8180 BRECKSVILLE RD BRECKSVILLE OH	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOLS, GEORGE 188 CONCORD ROAD WAYLAND WA 01778	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KELLY, PETER P O BOX 891 N/A SANIBEL ISLAND FL 33957	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUGENT, DONALD D 201 SUPERIOR AVE CLEVELAND OH	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MICHAEL FRASCATI 17 CURTISS ROAD WOODBURY, CT 06798	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D BILL MOYNIHAN 131 CARDIGAN ROAD JEWKSURY, MA 01876	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NANELLE WEHMANN 6004 WHITE HERON LANE SANIBEL, FL 33957	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

4-6-01

941-472-5111

Date

Daytime Phone #

FILED

01 MAY 18 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)