

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90098 034 \*\*\*\*61.25

**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  
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 **PD** ☐ Delete  
NAME **FRASCATI, MICHAEL**  
STREET ADDRESS **17 CURTISS ROAD**  
CITY-ST-ZIP **WOODBURY CT 06798**

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

TITLE **STD** ☐ Delete  
NAME **MOYNIHAN, BILL**  
STREET ADDRESS **131 CARDIGAN ROAD**  
CITY-ST-ZIP **TEWKSBURY MA 01876**

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

TITLE **V** ☐ Delete  
NAME **GOLS, GEORGE**  
STREET ADDRESS **188 CONCORD ROAD**  
CITY-ST-ZIP **WAYLAND WA 01778**

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

TITLE **D** ☐ Delete  
NAME **WEHMANN, NANELLE**  
STREET ADDRESS **6004 WHITE HERON LANE**  
CITY-ST-ZIP **SANIBEL FL 33957**

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

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

TITLE **D** ☐ Change ☒ Addition  
NAME **HARRY WAGGONER**  
STREET ADDRESS **3669 S. GALLOWAY**  
CITY-ST-ZIP **MEMPHIS, TN 38111**

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:

*Michael Frascati*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-12-02 941-472-5111**  
Date Daytime Phone #

CR2E037 (9/01)