

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N18693

1. Entity Name
THE BAYSIDE MERCHANTS ASSOCIATION, INC.



Principal Place of Business
401 BISCAYNE BLVD
R-106
MIAMI, FL 33132 US

Mailing Address
401 BISCAYNE BLVD
R-106
MIAMI, FL 33132 US

FILED

05 OCT 18 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04292005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2852253
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WELLER, PAMELA
401 BISCAYNE BLVD #R-106
MIAMI, FL 33132

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE PAMELA WELLER, secretary 10/18/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

100060727961
10/18/05--01078--020 **175.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PEREZ, RAMON
STREET ADDRESS	401 BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	SD
NAME	WELLER, PAMELA
STREET ADDRESS	401 BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	VD
NAME	HUSTON, HOLLY
STREET ADDRESS	401 BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

100060727961
10/18/05--01078--019 **61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: PAMELA WELLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #