



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90019 006 ****61.25

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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1978203	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAGGONER, HARRY		NAME	MR MICHAEL FRASCATI	
STREET ADDRESS	3669 S. GALLOWAY		STREET ADDRESS	BOX 1157, 17 CURTIS ROAD	
CITY-ST-ZIP	MEMPHIS, TN 38111		CITY-ST-ZIP	WOODBURY, CT 06798	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELIAS, MICHAEL		NAME	MR A. GEORGE GOLS	
STREET ADDRESS	112 GREENBRIAR RD		STREET ADDRESS	186 CONCORD ROAD	
CITY-ST-ZIP	TRUMBULL, CT. 06611		CITY-ST-ZIP	WAYLAND, MA-01778	
TITLE	D	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	METEVER, CHRISTOPHER		NAME	RICHARD LIPKA	
STREET ADDRESS	1734 DEL HAREN DRIVE		STREET ADDRESS	4938 LAGOONS CIRCLE	
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP	WEST Bloomfield, MI 48323	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	CHRIS HETZGER	
STREET ADDRESS			STREET ADDRESS	1734 DEL HAREN DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	DR WILLIAM KAKISH	
STREET ADDRESS			STREET ADDRESS	3669 SOUTH GALLOWAY	
CITY-ST-ZIP			CITY-ST-ZIP	MEMPHIS, TN 38111	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					