2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# 741605

Entity Name: BAYSIDE VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

711 TAPPON BAY RD.
SANIBEL, FL 33957 US

New Principal Place of Business:

711 TARPON BAY RD.
SANIBEL, FL 33957 US

Current Mailing Address:

ISLAND MANAGEMENT GROUP
P.O. BOX 100
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 59-1978203 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACKESY, STEVEN
711 TARPON BAY RD.
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	FRASCATI, MICHAEL MR	
Address:	BOX 1157 17 CURTIS RD	
City-St-Zip:	WOODBURY, CT 06798	
Title:	VD	( ) Delete
Name:	GEORGE GOLS, A. MR	
Address:	186 CONCORD RD	
City-St-Zip:	WAYLAND, MA 01778	
Title:	STD	( ) Delete
Name:	SMART, PAUL	
Address:	10200 FORD RD.	
City-St-Zip:	PERRYSBURG, OH 43551	
Title:	D	( ) Delete
Name:	METZGER, CHRIS	
Address:	1734 DEL HAVEN DR	
City-St-Zip:	DELRAY BEACH, FL 33483	
Title:	D	( ) Delete
Name:	KAKISH, WILLIAM DR	
Address:	2669 S GALLOWAY	
City-St-Zip:	MEMPHIS, TN 38111	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL FRASCATI PD 04/06/2009

Electronic Signature of Signing Officer or Director — Date