

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90038 031 ****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**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE V ☐ Delete
NAME GOLS, GEORGE
STREET ADDRESS 186 CONCORD ROAD
CITY-ST-ZIP WAYLAND WA 01778

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

TITLE D ☐ Delete
NAME WAGGONER, HARRY
STREET ADDRESS 3669 S GALLOWAY
CITY-ST-ZIP MEMPHIS TN 38111

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☒ Addition
NAME **TERRY MCCLURE**
STREET ADDRESS **P.O. Box 159**
CITY-ST-ZIP **EAST BOOTH BAY, ME 04544**

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:

[Signature]

3-15-03 239-472-7506

CR2E037 (10/02)