

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00347

Entity Name: BAYSIDE VILLAS CONDOMINIUM ASSOCIATION AT
BLUEWATER BAY, INC.**Current Principal Place of Business:**4400 HWY 20 E
SUITE 311
NICEVILLE, FL 32578**Current Mailing Address:**P.O. BOX 5263
NICEVILLE, FL 32578 US**FEI Number: 59-2544413****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LANDSBERGER, LAURA
4400 HWY 20 E
SUITE 311
NICEVILLE, FL 32578 US*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: LAURA LANDSBERGER****04/09/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT
Name KENNETH , ALLRED
Address 47 MARINA COVE DR
307
City-State-Zip: NICEVILLE FL 32578**Title** DIRECTOR
Name WERNER, THOMAS
Address 1027 CHOCTAWHATCHEE DR
City-State-Zip: NICEVILLE FL 32578**Title** VP
Name KEITH, STAFFORD
Address 47 MARINA COVE DRIVE
310
City-State-Zip: NICEVILLE FL 32578**Title** SECRETARY
Name FRODESEN, ERIC
Address 48 MARINA COVE DR #204
City-State-Zip: NICEVILLE FL 32578**Title** OTHER
Name LANDSBERGER, LAURA
Address PO BOX 5263
City-State-Zip: NICEVILLE FL 32578**Title** TREASURER
Name RICK, WHITESELL
Address 48 MARINA COVE DRIVE
103B
City-State-Zip: NICEVILLE FL 32578

I hereby 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 all other like empowered.

SIGNATURE: LAURA LANDSBERGER**REGISTERED AGENT****04/09/2019**

Electronic Signature of Signing Officer/Director Detail

Date