

2023 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:**4400 E HWY 20, SUITE 311
NICEVILLE, FL 32578 US**FEI Number: 59-2544413****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBERTS, JAY
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:** JAY ROBERTS**02/06/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT
Name ALLRED, KEN
Address 4400 E HWY 20, SUITE 311
City-State-Zip: NICEVILLE FL 32578**Title** TREASURER
Name KEITH, STAFFORD
Address 4400 E HWY 20
SUITE 311
City-State-Zip: NICEVILLE FL 32578**Title** MANAGER
Name LANDSBERGER, LAURA
Address 4400 E HWY 20
SUITE 311
City-State-Zip: NICEVILLE FL 32578**Title** DIRECTOR
Name WERNER, THOMAS
Address 4400 E HWY 20
SUITE 311
City-State-Zip: NICEVILLE FL 32578**Title** DIRECTOR
Name OBERLE, RITA
Address 4400 E HWY 20
SUITE 311
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**MANAGER****02/06/2023**

Electronic Signature of Signing Officer/Director Detail

Date