

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17793

Entity Name: BAYSIDE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1834 STATE ROAD 13 NORTH
ST JOHNS, FL 32259

Current Mailing Address:

P. O. BOX 23740
JACKSONVILLE, FL 32241 US

FEI Number: 59-2843382

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTIN, DARIA
995 RAVINE ROAD NORTH
ST JOHNS, FL 32259 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: DARIA MARTIN

04/18/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | | | |
|-----------------|-----------------------|-----------------|---------------------|
| Title | VP | Title | PRESIDENT |
| Name | GRAFF, JEANNIE | Name | MARTIN, DARIA |
| Address | 1734 BAYSIDE BLVD | Address | 995 RAVINE RD NORTH |
| City-State-Zip: | ST. JOHNS FL 32259 | City-State-Zip: | ST. JOHNS FL 32259 |
| Title | TREASURER | Title | SECRETARY |
| Name | KELLERMAN, TED | Name | TIPPINS, JENNIFER |
| Address | 990 RAVINE ROAD NORTH | Address | 1791 BAYSIDE BLVD. |
| City-State-Zip: | ST. JOHNS FL 32259 | City-State-Zip: | ST. JOHNS FL 32259 |

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: DARIA MARTIN

PRESIDENT

04/18/2016

Electronic Signature of Signing Officer/Director Detail

Date