


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90164 047 ****61.25

DOCUMENT # 731401 1. Entity Name THE BAYSIDE CLUB ASSOCIATION, INC.	
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Principal Place of Business 736 TROPICAL CIRCLE SARASOTA, FL 34242	Mailing Address 736 TROPICAL CIRCLE SARASOTA, FL 34242
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DO NOT WRITE IN THIS SPACE



03022005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2005938	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LONG, Barbara 736 TROPICAL CIRCLE SARASOTA, FL 34242	DO NOT WRITE IN THIS SPACE
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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 Barbara Long (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOREK, TED 744 TROPICAL CIR SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCKNELL, PHILIP 757 TROPICAL CIR SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <u>Patty Zarfos</u> <u>ZISMAN, LEONARD</u> 756 TROPICAL CT SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAROFALO, CAROLYN 622 TROPICAL CIR SARASOTA, FL 34242 <u>Resigned</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LONG, BARBARA 752 TROPICAL CIR SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Barbara Long 3/4/05 9413120080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #