

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. McInnam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY -1 AM 9:22

DOCUMENT # 741605 (0)

1. Corporation Name

BAYSIDE VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

13391 MCGREGOR BLVD S.W.
FT MYERS FL 33919-5996

13391 MCGREGOR BLVD S.W.
FT MYERS FL 33919-5996

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/14/1978
3a. Date of Last Report 05/01/1994

4. FBI Number 59-1978203
Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 194

26 P.O. Box 194

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Attn: Assn. Mgmt.

27 Attn: Assn. Mgmt.

23 City & State Captiva Island, FL

28 City & State Captiva Island, FL

24 Zip 33924

Country

29 Zip 33924

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HILTON GRAND VACATIONS COMPANY
13391 MCGREGOR BLVD S.W.
FT. MYERS FL 33919-5996

81 Name South Seas Plantation Resort

82 Street Address (P.O. Box Number is Not Acceptable)
13000 Captiva Road

83 Attn: Assn. Mgmt.

84 City Captiva Island FL 85 Zip Code 33924

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

3/16/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V
NAME WEHMANN, FREDERICK
STREET ADDRESS P.O. BOX 265
CITY - ST - ZIP CAPTIVA FL 33924

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

P/D ☒ Change ☐ Addition

TITLE PD
NAME GASSER, ROBERT
STREET ADDRESS BOX 533, OGDEN DUNES
CITY - ST - ZIP PORTAGE IN

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

V/D ☒ Change ☐ Addition
Laurie, Charles R., Jr.
7000 Fitzwater
Brecksville, OH 44141

TITLE STD
NAME LAURIE, CHARLES R. JR.
STREET ADDRESS 7000 FITZWATER
CITY - ST - ZIP BRECKSVILLE OH

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

T/D ☒ Change ☐ Addition
Frascati, J. Michael
250 Kelbourne Avenue
N. Tarrytown, NY 10591

TITLE D
NAME MORIN, JANICE
STREET ADDRESS 143 CARRIAGE RD
CITY - ST - ZIP CHICOPEE MA

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

S/D ☒ Change ☐ Addition
Kelly, Peter
P.O. Box 891
Sanibel Island, FL 33957 N/A

TITLE D
NAME GOLS, A. GEORGE
STREET ADDRESS 186 CONCORD RD.
CITY - ST - ZIP WAYLAND MA 01778

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

D ☒ Change ☐ Addition
Nugent, Donald C.
One Lakeside Avenue
Cleveland, OH 44113

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Frederick Wehmann

3/16/95

DATE

813-395-2774

Daytime Phone #