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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 741605 (0)
1. Corporation Name
BAYSIDE VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
P O BOX 194
ATTN: ASSN. MGMT.
CAPTIVA ISLAND FL 33924
US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
02/14/1978 04/26/1996
4. FEI Number Applied For
59-1978203 Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required
6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees
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

SOUTH SEAS PLANTATION RESORT
13000 CAPTIVA ROAD
ATTN: ASSN. MGMT.
CAPTIVA ISLAND FL 33924

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	WEHMANN, FREDERICK	
STREET ADDRESS	P O BOX 265	
CITY-ST-ZIP	CAPTIVA FL	
TITLE	VD	☐ DELETE
NAME	LAURIE, CHARLES R JR.	
STREET ADDRESS	7000 FITZWATER	
CITY-ST-ZIP	BRECKSVILLE OH	
TITLE	TD	☐ DELETE
NAME	FRASCATI, J. M	
STREET ADDRESS	250 KELBOURNE AVENUE	
CITY-ST-ZIP	N TARRYTOWN MY	
TITLE	SD	☐ DELETE
NAME	KELLY, PETER	
STREET ADDRESS	P O BOX 891 N/A	
CITY-ST-ZIP	SANIBEL ISLAND FL	
TITLE	D	☐ DELETE
NAME	NUGENT, DONALD D	
STREET ADDRESS	ONE LAKESIDE AVENUE	
CITY-ST-ZIP	CLEVELAND OH	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-ST-ZIP	
21 TITLE	☒ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	8180 Brecksville Road
24 CITY-ST-ZIP	
31 TITLE	☒ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	STD
34 CITY-ST-ZIP	
41 TITLE	☒ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	D
44 CITY-ST-ZIP	
51 TITLE	☒ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	201 Superior Avenue
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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 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.

CR2E037 (9/96)