

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

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

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

3. Date Incorporated or Qualified 02/14/1978	
4. FEI Number 59-1978203	Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	<input checked="" type="checkbox"/> DELETE
NAME	WEHMANN, FREDERICK	
STREET ADDRESS	P O BOX 285	
CITY-ST-ZIP	CAPTIVA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LAURIE, CHARLES R JR.	
STREET ADDRESS	8180 BRECKSVILLE RD	
CITY-ST-ZIP	BRECKSVILLE OH	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	FRASCATI, J. M.	
STREET ADDRESS	250 KELBOURNE AVENUE	
CITY-ST-ZIP	N TARRYTOWN NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLY, PETER	
STREET ADDRESS	P O BOX 891 N/A	
CITY-ST-ZIP	SANIBEL ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUGENT, DONALD D	
STREET ADDRESS	201 SUPERIOR AVE	
CITY-ST-ZIP	CLEVELAND OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FRUGGENDORF, FRANK	
1.3 STREET ADDRESS	P O BOX 775 N/A	
1.4 CITY-ST-ZIP	CAPTIVA, FL 33924	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LAURIE, CHARLES R JR	
2.3 STREET ADDRESS	8180 BRECKSVILLE RD	
2.4 CITY-ST-ZIP	BRECKSVILLE OH	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FRASCATI, J.M.	
3.3 STREET ADDRESS	250 KELBOURNE AVE	
3.4 CITY-ST-ZIP	N TARRYTOWN, NY 10591	
4.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KELLY PETER	
4.3 STREET ADDRESS	P O BOX 891 N/A	
4.4 CITY-ST-ZIP	SANIBEL FL 33957	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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:

Handwritten signature: Peter E. Kelly
PETER E. KELLY - 2/20/98 FGD 395-221

CR2E037 (10/97)