

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90115 025 ****61.25

DOCUMENT # 741605

1. Entity Name

BAYSIDE VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P O BOX 194
 ATTN: ASSN. MGMT.
 CAPTIVA ISLAND FL 33924
 US

P O BOX 194
 ATTN: ASSN. MGMT.
 CAPTIVA ISLAND FL 33924-0194
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1978203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
 NAME **FRIEDENSDORF, FRANK**
 STREET ADDRESS **1255 LOG HOLLOW POINT**
 CITY-ST-ZIP **COLORADO SPRINGS CO 80906**

TITLE **P** ☒ Change ☐ Addition
 NAME **MICHAEL FRASCATI**
 STREET ADDRESS **PO BOX 1157**
 CITY-ST-ZIP **WOODBURY, CT 06798**

TITLE **PD** ☐ Delete
 NAME **LAURIE, CHARLES R JR.**
 STREET ADDRESS **8180 BRECKSVILLE RD**
 CITY-ST-ZIP **BRECKSVILLE OH**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **GOLS, GEORGE**
 STREET ADDRESS **186 CONCORD ROAD**
 CITY-ST-ZIP **WAYLAND WA 01778**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** ☒ Delete
 NAME **KELLY, PETER**
 STREET ADDRESS **P O BOX 891 N/A**
 CITY-ST-ZIP **SANIBEL ISLAND FL 33957**

TITLE **D** ☒ Change ☐ Addition
 NAME **DOXANNE KELLY**
 STREET ADDRESS **PO BOX 891**
 CITY-ST-ZIP **SANIBEL, FL 33957**

TITLE **D** ☐ Delete
 NAME **NUGENT, DONALD D**
 STREET ADDRESS **201 SUPERIOR AVE**
 CITY-ST-ZIP **CLEVELAND OH**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)