

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90098 034 ****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
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 PD
NAME FRASCATI, MICHAEL
STREET ADDRESS 17 CURTISS ROAD
CITY-ST-ZIP WOODBURY CT 06798 ☐ Delete

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

TITLE STD
NAME MOYNIHAN, BILL
STREET ADDRESS 131 CARDIGAN ROAD
CITY-ST-ZIP TEWKSBURY MA 01876 ☐ Delete

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

TITLE V
NAME GOLS, GEORGE
STREET ADDRESS 188 CONCORD ROAD
CITY-ST-ZIP WAYLAND WA 01778 ☐ Delete

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

TITLE D
NAME WEHMANN, NANELLE
STREET ADDRESS 6004 WHITE HERON LANE
CITY-ST-ZIP SANIBEL FL 33957 ☐ Delete

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

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

TITLE D
NAME HARRY WAGGONER
STREET ADDRESS 3669 S. GALLOWAY
CITY-ST-ZIP MEMPHIS, TN 38111 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Michael Frascati
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-02 941-472-5111
Date Daytime Phone #

CR2E037 (9/01)