

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90152 035 ****61.25



DOCUMENT # 741605 1. Entity 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		
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 SOUTH SEAS PLANTATION RESORT 13000 CAPTIVA ROAD ATTN: ASSN. MGMT. CAPTIVA ISLAND, FL 33924			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	FRASCATI, MICHAEL		NAME	HARRY WAGGONER	
STREET ADDRESS	17 CURTISS ROAD		STREET ADDRESS	3669 S. GALLOWAY	
CITY-ST-ZIP	WOODBURY, CT 06798		CITY-ST-ZIP	MEMPHIS, TN 38111	
TITLE	V	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	GOLS, GEORGE		NAME	MICHAEL ELIAS	
STREET ADDRESS	186 CONCORD ROAD		STREET ADDRESS	112 GREENBRIAR RD	
CITY-ST-ZIP	WAYLAND, WA 01778		CITY-ST-ZIP	TRUMBULL, CT. 06611	
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	WEHMANN, NANELLE		NAME		
STREET ADDRESS	6004 WHITE HERON LANE		STREET ADDRESS		
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	MCCLURE, TERRY		NAME		
STREET ADDRESS	PO BOX 159		STREET ADDRESS		
CITY-ST-ZIP	EAST BOOTHBAY, ME 04544		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KETZGER, CHRISTOPHER		NAME		
STREET ADDRESS	1734 DEL HAREN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>[Signature]</i> 2/4/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

AL-BHD
#41518 at 61.25.