

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90043 028 \*\*\*\*61.25

<b>DOCUMENT # 741605</b> 1. Entity Name <b>BAYSIDE VILLAS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business P O BOX 194 ATTN: ASSN. MGMT. CAPTIVA ISLAND, FL 33924 US			Mailing Address ISLAND MANAGEMENT GROUP P.O. BOX 100 SANIBEL, FL 33957		
2. Principal Place of Business, No P.O. Box # <b>711 TARPON Bay Rd</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Sanibel FL</b>		City & State Suite, Apt. #, etc.		4. FEI Number <b>59-1978203</b>	
Zip <b>33957</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SOUTH SEAS PLANTATION RESORT</b> <b>13000 CAPTIVA ROAD</b> <b>ATTN: ASSN. MGMT.</b> <b>CAPTIVA ISLAND, FL 33924</b>				7. Name and Address of New Registered Agent Name <b>Steven Mackesy</b> Street Address (P.O. Box Number is Not Acceptable) <b>711 TARPON Bay Rd</b> City <b>Sanibel</b> <b>FL</b> Zip Code <b>33957</b>	
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 <b>Steven Mackesy</b> <b>3/25/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRASCATI, MICHAEL MR BOX 1157 17 CURTIS RD WOODBURY, CT 06798	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GEORGE GOLS, A. MR 186 CONCORD RD WAYLAND, MA 01778	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMART, PAUL 10206 FORD RD PERRYSBURG, OH 43551	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>SMART, PAUL</b> <b>10206 FORD RD</b> <b>Perrysburg, Oh. 43551</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D METZGER, CHRIS 1734 DEL HAVEN DR DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAKISH, WILLIAM DR 2669 S GALLOWAY MEMPHIS, TN 38111	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <b>Michael Frascati</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>3/25/08</b> Daytime Phone #		