

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761607

FILED
Apr 23, 2009
Secretary of State

Entity Name: BAYSIDE VILLAS ASSOCIATION, INC.

Current Principal Place of Business:

1100 NINTH STREET SOUTH
NAPLES, FL 34192

New Principal Place of Business:

Current Mailing Address:

745-12TH AVENUE SOUTH
STE AA
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 59-2207813 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE PROPERTY MANAGEMENT, INC
745 12TH AVENUE SOUTH
STE AA
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: FITZGERALD, ED
Address: 6225 N KIRKWOOD
City-St-Zip: CHICAGO, IL 60646

Title: P () Delete
Name: DREW, ANNABEL
Address: 1100 9TH ST SOUTH B-203
City-St-Zip: NAPLES, FL 34102

Title: S () Delete
Name: NICHOLSON, STUART
Address: 916 OAK VALLEY LANE
City-St-Zip: NASHVILLE, TN 37220

Title: T () Delete
Name: FEE, FRANK
Address: 8501 WELLINGTON AVE
City-St-Zip: MARGATE CITY, NJ 08402

Title: D () Delete
Name: FAGAN, JR., RICHARD F
Address: 1100 9TH STREET S F-203
City-St-Zip: NAPLES, FL 34102

Title: S () Delete
Name: NICHOLSON, JEAN
Address: 916 OAK VALLEY LANE
City-St-Zip: NASHVILLE, TN 37220

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BRUNO, ANN
Address: 12 SHEILA WAY
City-St-Zip: EAST FALMOUTH, MA 02536

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNABEL DREW

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date