2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#762750

FILED Apr 24, 2009 Secretary of State

Entity Name: BAYSIDE AT SANDESTIN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550 US **New Mailing Address: Current Mailing Address:** 215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550 US FEI Number: 59-2595183 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GORMLEY, TERRY P 215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition WEIS. LINK WEIS, LINK Name: Name: 120 KAPALUA PT Address: 120 KAPALUA PT Address: City-St-Zip: FAYETTEVILLE, GA 30215 US City-St-Zip: FAYETTEVILLE, GA 30215 US Title: () Delete Title: (X) Change () Addition HALLIN, H T Name: HALLIN, H T Name: Address: 1827 ROSENEATH DRIVE Address: 1827 ROSENEATH DRIVE City-St-Zip: BATON ROUGE, LA 70806 US City-St-Zip: BATON ROUGE, LA 70806 US Title: DP () Delete Title: () Change () Addition GARCIA, CHRISTOPHER Name: Name: 9300 EMERALD COAST PKWY W Address: Address: City-St-Zip: MIRAMAR BEACH, FL 32550 US City-St-Zip: Title: D () Delete Title: DS (X) Change () Addition Name: EVANS, MICHELLE Name: EAKIN, JIM 9300 EMERALD COAST PKWY 1508 RIVERVIEW RD Address: Address: City-St-Zip: MIRAMAR BEACH, FL 32550 US City-St-Zip: CHATTANOOGA, TN 37405 US Title: () Delete Title: () Change (X) Addition LINDLEY, MATT Name: Name: 9300 EMERALD COAST PKW W Address: Address: City-St-Zip: City-St-Zip: MIRAMAR BEACH, FL 32550 US

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: JIM EAKIN S 04/24/2009