FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

762806

(8)

BAYSIDE VILLAS OF PANACEA CONDOMINIUM ASSOCIATION INC.

N, INU					
Principal Place of Business Mailing Address					i raess same étine Hear sait addie filh dien siet albit didit esent albit didit esent exest idit
2289 SURF RD		PO BOX 1076			3. Date Incorporated or Qualified
PANACEA FL 32346		PANACEA FL 32346 US			04/08/1982
[00		03			4. FEI Number Applied For
					59-2774644 Not Applicable
<u> </u>	lace of Business	2a. Mailing Address			5. Certificate of Status Desired S8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Fee Required
22		├ ─¬	27		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State			7. Is this nonprofit corporation a homeowners association?
23		28			IV Yes □ No
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid the current year Intangible
24	25	20	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New Registered Agent
MAIEV	INALIAN AND		į		
HALEY, DIANNE 2289 SURF RD				82 Street A	ddress (P.O. Box Number is Not Acceptable)
	A FL 32346		ŀ	83	
1,111	511 6 060 10		ļ		
			ł	84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE .					
12.	Signature, typed or printed name of registered ag	ent and title if applicable. (NO ND DIRECTORS	TE: Registered	Agent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1,5 717	LE	Change Addition
NAME	HALEY, DIANNE		1.2 NA	ME	
STREET ADDRESS	2289 SURF RD UNIT A-4		1.3 ST	REET ADDRESS	
CITY-ST-ZIP	PANACEA FL		1.4 CIT	Y-ST-ZIP	
TITLE	TD	DELETE	2.1 TIT		☐ Change ☐ Addition
NAME	STINSON, ANNETTE		2.2 NA		
STREET ADDRESS	2289 SURF RD UNIT B-4			REET ADDRESS	
CITY-ST-ZIP TITLE	PANACEA FL TD	DELETE	2.4 CI	TY-ST-ZIP	Change Addition
NAME	HUDSON, GUY		3.7 NA	1	- Charge - Cashon
STREET ADDRESS	2289 SURF RD UNIT A-1			REET ADDRESS	
CITY-ST-ZIP	PANACEA FL			TY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 111		Change Addition
NAME	MOSS, LARRY		4. 2 N/	IME	
STREET ADDRESS	2289 SURF RD UNIT A-8		4.3 ST	REET ADDRESS	
CITY-ST-ZIP	PANACEA FL			Y-ST-ZIP	· · · · · · · · · · · · · · · · · · ·
TITLE	SD	☐ DÉLETE	5.1 717		Change Addition
NAME	WILLIAMSON, TIM		5.2 NA		
STREET ADDRESS	2289 SURF RD UNIT B-8			REET ADDRESS	
CITY-ST-ZIP	PANACEA FL	DELETE	5.4 CIT	Y-ST-ZIP	☐ Change ☐ Addition
TITLE			6.1 III	1	Giange Addition

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or fursite empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Dianne Haley

1-13-98 850-984-0118

FILED

Mar 31 1998 8:00am

Secretary of State

E037 (10/97)