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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762806

1. Corporation Name

BAYSIDE VILLAS OF PANACEA CONDOMINIUM ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
2289 SURF RD PANACEA FL 32346 US	PO BOX 1076 PANACEA FL 32346 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/08/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2774644 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip Country 24 25	Zip Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HALEY, DIANNE W
2289 SURF RD
PANACEA FL 32346

10. Name and Address of New Registered Agent

81 Name: DAVIS, ANNETTE
82 Street Address (P.O. Box Number is Not Acceptable): 2289 Surf Road Unit B-4
83
84 City: Panacea **FL** 85 Zip Code: 32346

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 registered 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.

SIGNATURE: Annette Davis — DATE: 4/15/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	HALEY, DIANNE		1.2 NAME	DAVIS, ANNETTE	
STREET ADDRESS	2289 SURF RD UNIT A-4		1.3 STREET ADDRESS	2289 Surf Road Unit B-4	
CITY-ST-ZIP	PANACEA FL		1.4 CITY-ST-ZIP	Panacea FL 32346	
TITLE	TD	☑ DELETE	2.1 TITLE	TD	☑ Change ☐ Addition
NAME	STINSON, ANNETTE		2.2 NAME	COURTIER, TONI	
STREET ADDRESS	2289 SURF RD UNIT B-4		2.3 STREET ADDRESS	2289 SURF ROAD UNIT B-2	
CITY-ST-ZIP	PANACEA FL		2.4 CITY-ST-ZIP	Panacea FL 32346	
TITLE	TD	☑ DELETE	3.1 TITLE	TD	☑ Change ☐ Addition
NAME	HUDSON, GUY		3.2 NAME	WILLIAMS, JIM	
STREET ADDRESS	2289 SURF RD UNIT A-1		3.3 STREET ADDRESS	2289 SURF ROAD UNIT B-9	
CITY-ST-ZIP	PANACEA FL		3.4 CITY-ST-ZIP	Panacea FL 32346	
TITLE	VD	☑ DELETE	4.1 TITLE	VD	☑ Change ☐ Addition
NAME	MOSS, LARRY		4.2 NAME	WILLIAMS, TIM	
STREET ADDRESS	2289 SURF RD UNIT A-8		4.3 STREET ADDRESS	2289 SURF ROAD UNIT B-8	
CITY-ST-ZIP	PANACEA FL		4.4 CITY-ST-ZIP	Panacea FL 32346	
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMSON, TIM		5.2 NAME		
STREET ADDRESS	2289 SURF RD UNIT B-8		5.3 STREET ADDRESS		
CITY-ST-ZIP	PANACEA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Annette Davis **SIGNATURE REQUIRED** 2-18-99 850-984-5853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #