

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90493 041 \*\*\*\*61.25

**DOCUMENT # 762806**

1. Entity Name  
**BAYSIDE VILLAS OF PANACEA CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**2289 SURF RD  
PANACEA, FL 32346 US**

Mailing Address  
**PO BOX 1076  
PANACEA, FL 32346 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02152004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2774644**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, ANNETTE  
2289 SURF ROAD  
UNIT A-1  
PANACEA, FL 32346**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME DAVIS, ANNETTE  
STREET ADDRESS 2289 SURF ROAD UNIT A-1  
CITY-ST-ZIP PANACEA, FL 32346

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☒ Delete  
NAME RITZENTHALER, KEN  
STREET ADDRESS 2289 SURF ROAD UNIT A-2  
CITY-ST-ZIP PANACEA, FL 32346

TITLE ☐ Change ☒ Addition  
NAME **TO**  
STREET ADDRESS **McFARLAND JANICE**  
CITY-ST-ZIP **2289 SURF ROAD, UNIT A-6**  
**PANACEA, FL 32346**

TITLE VD ☐ Delete  
NAME FODOR, PETE  
STREET ADDRESS 2289 SURF ROAD UNIT B-11  
CITY-ST-ZIP PANACEA, FL 32346

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME MILLER, RUSH  
STREET ADDRESS 2289 SURF RD UNIT B-12  
CITY-ST-ZIP PANACEA, FL 32346

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SHENTON, ONEIL  
STREET ADDRESS 2289 SURF RD UNIT C-6  
CITY-ST-ZIP PANACEA, FL 32346

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:** *Annette Davis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #