

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 04, 2005 8:00 am**  
**Secretary of State**

08-04-2005 90004 042 \*\*\*\*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**

**50059909**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07292005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-2774644**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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 **POKORSKI, JAMES**  
Street Address (P.O. Box Number is Not Acceptable)  
**2289 SURF ROAD**  
**UNIT B-4**  
City **PANACEA** FL Zip Code **32346**

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 September 7, 2005**

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 **PO** ☒ Change ☒ Addition  
NAME **POKORSKI, JAMES**  
STREET ADDRESS **2289 SURF ROAD UNIT B-4**  
CITY-ST-ZIP **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 **SD** ☒ Change ☒ Addition  
NAME **COURTIER, TONY**  
STREET ADDRESS **2289 SURF ROAD UNIT B-2**  
CITY-ST-ZIP **PANACEA, FL 32346**

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 **TO** ☒ Delete  
NAME **MCFARLANO, JANICE**  
STREET ADDRESS **2288 SURF ROAD, UNIT A-6**  
CITY-ST-ZIP **PANACEA, FL 32346**

TITLE **TO** ☒ Change ☒ Addition  
NAME **DAVIS, ANNETTE**  
STREET ADDRESS **2289 SURF ROAD, UNIT A-1**  
CITY-ST-ZIP **PANACEA, FL 32346**

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: *James D. Pokorski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES D. POKORSKI** 7/30/05 984-4833

Date

Daytime Phone #