2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2009
Secretary of State

DOCUMENT# 762806

Entity Name: BAYSIDE VILLAS OF PANACEA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2289 SURF RD
PANACEA, FL 32346 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1076
PANACEA, FL 32346 US

New Mailing Address:

FEI Number: 59-2774644 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, MARK
2289 SURF ROAD, UNIT A-1
PANACEA, FL 32346 US

Name and Address of New Registered Agent:

SPERI, ROBERT PD
2289 SURF ROAD
UNIT C-7
PANACEA, FL 32346 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: ROBERT SPERI 04/19/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: THOMAS, MARK
Address: 2289 SURF ROAD UNIT A-1
City-St-Zip: PANACEA, FL 32346

Title: TD ( ) Delete
Name: DEZELL, LORI
Address: 2289 SURF ROAD UNIT C-3
City-St-Zip: PANACEA, FL 32346

Title: SD ( ) Delete
Name: MILLER, JENNIFER
Address: 2289 SURF RD UNIT B-12
City-St-Zip: PANACEA, FL 32346

Title: D ( ) Delete
Name: BUDOL, VINCENT
Address: 2289 SURF RD, UNIT A-4
City-St-Zip: PANACEA, FL 32346

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SPERI, ROBERT PD
Address: 2289 SURF ROAD UNIT C-7
City-St-Zip: PANACEA, FL 32346

Title: TD (X) Change ( ) Addition
Name: SHENTON, O'NEIL TD
Address: 2289 SURF ROAD UNIT C-6
City-St-Zip: PANACEA, FL 32346

Title: SD (X) Change ( ) Addition
Name: LOPER, DAVE SD
Address: 2289 SURF RD UNIT C-8
City-St-Zip: PANACEA, FL 32346

Title: VD (X) Change ( ) Addition
Name: FODOR, PETE VD
Address: 2289 SURF RD, UNIT B-11
City-St-Zip: PANACEA, FL 32346

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: ROBERT SPERI PD 04/19/2009
Electronic Signature of Signing Officer or Director Date