## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **762806**

1. Entity Name

## BAYSIDE VILLAS OF PANACEA CONDOMINIUM ASSOCIATIO N, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90215 043 \*\*\*\*61.25

N, INC.					1	WE TWIS					
2289 SURF RD PO				Mailing Address PO BOX 1076 PANACEA FL 32346 US			 	1 HARI IRBU BRISA OISI	01011 <b>8</b> 1811 1	11 <b>8</b> 11 <b>818</b> 11 <b>818</b>	II. <b>8.18</b> 41 1 <b>88</b> 1
2. Principal Place of Business 3.				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			C	ity & State	~		4. FEI Number 59-2774644			<del></del>	oplied For of Applicable
Zip Country			Zi	Zip Co		5. Certificate of Statu			- \$8.75 Additional		
6. Name and Address of Current R			Pogleto-	registered Agent		7. Name and Address of New Registered Agent				<u> </u>	
	O. Name a	nd Address of Current	negister	ed Agent	Name		7. Name and Addre	sas of New Aegis	HEIEU A	JOI IL	
DAVIS, ANNETTE 2289 SURF ROAD UNIT A-1						Street Address (P.O. Box Number is Not Acceptable)					
PANACEA FL 32346					City		FL Zip Code				
9 The above	named entity	submits this statement fo	the pur	once of changing its	registered office	or registe	red agent or both in th	o State of Florida		miliar with	and accept
	tions of register		the purp	bose of changing its	registered office	or registe	red agent, or both, in th	ie state of Florida	i. I anii qi	TIIIIZI WICH,	and accept
	, <b>.</b> .										{
SIGNATURE .	\$										
,	Signature, typed or	printed name dirregistered agent a	and title if ap	plicable. (NOTE	Registered Agent sign	ature required	d when reinstating)		DATE		
<u></u>				·	-						
9 Flection Compaign							\$5.00 May Be	Make	Check	Payable	to
FILE NOW: FEE IS \$61.25  Trust Fund Contril					ontribution.		Added to Fees	Florida I			
<u> </u>		·									
10.	33.	OFFICERS AND DIF	RECTORS	3	11.		ADDITIONS/CHANGE	S TO OFFICERS	AND DIRE	CTORS IN	10
TITLE	PD			☐ Delete	TITLE				[	Change	Addition
NAME	DAVIS, ANN				NAME						
STREET ADDRESS		ROAD UNIT A-1			STREET ADDRESS						}
CITY-ST-ZIP	PANACEA F	L 32346			CITY-ST-ZIP	<del></del>					
TITLE	TD	ED I/EN		☐ Delete	TITLE				ĺ	Change	Addition
NAME	RITZENTHAL				NAME						
CITY-ST-ZIP	PANACEA F	ROAD UNIT A-2		and the state of t	STREET ADDRESS CITY-ST-ZIP	والمراد والمحادث	. سريعيت دسياي س	متوسيسة مادرسيد		~	
	VD VD	L 32340		Delete	7	100	<u> </u>			Change	Addition
TITLE NAME	KILEEN, PAI	GE		Type Type Interest	TITLE NAME :	15- C	NA CETE			Change	Addition
STREET ADDRESS		RD UNIT C-1			STREET ADDRESS	223	7 SURF RO	DIO.T	3-1(		
CITY-ST-ZIP	PANACEA F				CITY-ST-ZIP	PAN	DACEA FL	32340	<u>,</u>		}
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STREET ADDRESS	2289 SURF				STREET ADDRESS	228	77 SURF RE	) いいて	- B~,	a	
CITY-ST-ZIP	PANACEA F	L 32346			CITY-ST-ZIP	PAL	JACEA FL	32340	O		
TITLE	D	·		☐ Delete	TITLE					Change	Addition
NAME	SHENTON,	ONEIL			NAMÉ						-
STREET ADDRESS		RD UNIT C-6			STREET ADDRESS						{
CITY-ST-ZIP	PANACEA F	L 32346			CITY-ST-ZIP	<u> </u>			·-··		
TITLE				☐ Delete	TITLE				[	☐ Change	Addition
NAME		•			NAME						ļ
STREET ADDRESS	1				STREET ADDRESS	1					}
CITY-ST-ZIP	<u></u>				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: X2518KITTHE BEQUIRKON -KITERNTHALER 4-2403 850-413-5314