

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000001863

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

**Entity Name:** CSC BAYSIDE I GP CORPORATION

**Current Principal Place of Business:**

1801 S. AUSTRALIAN AVE.  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

1801 S. AUSTRALIAN AVE.  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

P.O. BOX 707  
FREEPORT, NY 11520

**FEI Number:** 20-0946020

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SCHLESINGER, ADAM  
**Address:** 1801 S. AUSTRALIAN AVE.  
**City-St-Zip:** WEST PALM BEACH, FL 33409

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** ADAM SCHLESINGER

P

04/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date