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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # G37512

BAYSIDE	BUILDERS OF N.W. FLOR	IIDA, INC.						
Principal Place of Business Mailing Address							וושום וופופ וופוף	1111 11011 11011
1706 J. D. MILLER RD SANTA ROSA BEACH FL 32459 US  1706 J. D. MILLER RD SANTA ROSA BEACH FL 32459 US						. DO NOT WRITE IN THI	S SPACE	
						3. Date incorporated or Qualifed 05/09/1983		
Principal Place of Business     2a. Mailing Address						4. FEI Number	Applied For	
21	26					59-2288917		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						_5Certifcate of Status Desired		Additional lequired
22 City & State City & State						& Floring Compaign Fingsping		
City & State		28			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip	Country	Zip	Count	ury .		This corporation owes the current year In Personal Property Tax.	ntangible Yes	<b>≯</b> 4*
24	9. Name and Address of Curren		130}			10. Name and Address of New Registere		
<del></del>	v. Name and Address of Curren	- Noglotal out 1go.	1	31 Name				
CŁARK, ŁINDA 1706 J. D. MILLER RD			1	32 Street	Address (P.O. Box Number is Not Acceptable)			
SANTA ROSA BEACH FL 32459			1	33				
			1	34 City	City FL 85 Zip Code			
office or re agent. I as	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age	of Florida. Such change was a tions of, Section 607.0505, Flor	utnorized i rida Støtut	oy the coπ es.	ooratior	ration submits this statement for the purpose of submits the statement for the purpose of submits the		egistered
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE			1.1 TITL	E	1		☐ Change	Addition
NAME:	CDAIN, NODITE O.		1.2 NAM	E				ļ
STREET ADDRESS	Troo or or mileser the		1.3 STR	EET ADDRESS	3			-
CITY-ST-ZIP			1.4 CITY 2.1 TITL	-ST-ZIP	}		Change	Addition
TITLE	_		2.1 NAM			·		
NAME STREET ADDRESS	1706 J. D. MILLER RD.		•	EET ADDRESS				)
CITY-ST-ZIP				Y+ST-ZIP	-	in the state of th		
TITLE			3.1 TITL		1		Change	☐ Addition
NAME			3.2 NAM	Æ				
STREET ADDRESS			3.3 STR	EET ADDRESS	3			\frac{1}{2}
CITY-ST-ZIP				Y-ST-ZIP	<u> </u>		Charge	Addition
TITLE		☐ DELETE	4.1 TITL				☐ Change	Addition
NAME			4, 2 NA					{
STREET ADDRESS				EET ADORESS '-ST- <i>Z</i> IP	'			1
CITY-ST-ZIP	<del></del>	☐ DELETE	5.1 TITL		+-		Change	Addition
NAME			5.2 NAN		1			{
STREET ADDRESS			5.3 STR	EET ADDRESS	3			İ
CITY-ST-ZIP				/-ST-ZIP	1			
TITLE		☐ DELETE	6.1 7ITL		-		Change	Addition
NAME :	the state of the state of		6.2 NAV	Æ	[			

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP