


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90042 005 ****61.25

DOCUMENT # N02000004316 1. Entity Name BAYSIDE BUSINESS PARK CONDOMINIUM ASSOCIATION, INC.	
--	---

Principal Place of Business 796 SANDERS ROAD SUITE 1 PORT ORANGE, FL 32127	Mailing Address 796 SANDERS ROAD SUITE 1 PORT ORANGE, FL 32127
--	--

40007072



04102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1147674	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DENTON, PAUL C
796 SANDERS ROAD
SUITE 1
PORT ORANGE, FL 32127**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DENTON, PAUL C 796 SANDERS ROAD, SUITE 1 PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DENTON, LORI D 796 SANDERS ROAD, SUITE 1 PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAYAS, JAMES W 794 SANDERS ROAD, STE 1 PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Paul Denton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/10/08 Daytime Phone # 386 788 1099