

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

FILED
Mar 06, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000003844

1. Entity Name
BAYSIDE SUBDIVISION HOMEOWNERS' ASSOCIATION,
INC.



Principal Place of Business
1509 PASS-A-GRILLE WAY
ST PETERSBURG BEACH, FL 33706

Mailing Address
1509 PASS-A-GRILLE WAY
ST PETERSBURG BEACH, FL 33706



03032008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1701134

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIMES, CALEB J
1023 MANATEE AVE W
BRADENTON, FL 34205

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	D PURSLEY, TRICIA K 1509 PASS-A-GRILLE WAY ST PETERSBURG BEACH, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLANATHAN, MICHAEL ROY 4119 24TH AVENUE EAST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, LINDA K 9115 58TH DRIVE EAST BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/21/08-80026-007 61.25

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tricia Pursley 3/03/08 727-638-1444