


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2006 8:00 am
Secretary of State

06-08-2006 90002 037 ****61.25

DOCUMENT # N39255 1. Entity Name BAYSIDE SOUTH HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 4709 BAYSIDE DRIVE MILTON, FL 32583			Mailing Address 4709 BAYSIDE DRIVE MILTON, FL 32583		
2. Principal Place of Business Suite, Apt. #, etc. 4653 Bayside Drive			3. Mailing Address Suite, Apt. #, etc. 4653 Bayside Drive		
City & State Milton, FL			City & State Milton, FL 32583		
Zip 32583		Country USA		4. FEI Number 59-3021240	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MOLL, JAN 4709 BAYSIDE DRIVE MILTON, FL 32583			7. Name and Address of New Registered Agent Name Martha Gorum Street Address (P.O. Box Number is Not Acceptable) 4653 Bayside Drive City Milton FL 32583		
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 <u><i>Martha Gorum</i></u> Martha Gorum 6/5/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NYE, ROSE 4677 BAYSIDE DRIVE MILTON, FL 32583	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GROEGER, SARAH 4641 BAYSIDE DRIVE MILTON, FL 32583	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOLL, JAN 4709 BAYSIDE DRIVE MILTON, FL 32583	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
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: <u><i>Martha Gorum</i></u> Martha Gorum 6/5/06 850-444-4449 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		