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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N44624** (7)
1. Corporation Name
BAYSIDE OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
4800 E. HIGHWAY 98 SUITE 10 DESTIN FL 32541 **4800 E. HIGHWAY 98 SUITE 10 DESTIN FL 32541**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/09/1991** 3a. Date of Last Report **01/27/1994**

4. FEI Number **59-3131017** Applied For Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **2075 OLD HIGHWAY 98** 26 **POST OFFICE Box 6220**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 **DESTIN FL**
23 Zip 28 **32541** Country

9. Name and Address of Current Registered Agent
**CIMMINO, PETER R.
4800 E. HIGHWAY 98
SUITE 10
DESTIN FL 32541**

10. Name and Address of New Registered Agent
61 Name
62 Street Address (P.O. Box Number is Not Acceptable) **2075 OLD HIGHWAY 98**
63 City **FL** 64 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD CIMMINO, PETER R. 4800 E. HIGHWAY 98 DESTIN FL	1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2075 OLD HWY 98, #10
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BISHOP, JEANETTE M 1127 BRIDLEWOOD PATH FORT WALTON BCH FL	2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D CIMMINO, JOYCE RAY 2075 OLD HWY 98, #10 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MEAD, MICHAEL WM. 24 WALTER MARTIN ROAD FT. WALTON BEACH FL	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FONTANE, GEORGE 807 INDIAN TRAIL DR DESTIN FL	4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHOO, JOE A 580 PARK CIRCLE DESTIN FL	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Peter R. Cimmino* 1/18/95 904-837-7020
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
DR. PETER R. CIMMINO, President, Director