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04-27-1999 90204 033 ****61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999

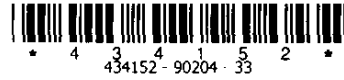


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44624

1. Corporation Name

BAYSIDE OWNERS ASSOCIATION, INC.



Principal Place of Business

225 MAIN ST., STE 7H
DESTIN FL 32541
US

Mailing Address

P.O. BOX 572
DESTIN FL 32540
US

2. Principal Place of Business

21 10221 Hwy 98, Ste. 23
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 6225
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

08/03/1991

4. FEI Number

59-3131017

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

City & State

23 Destin, FL 32541

City & State

28 Destin, FL

Zip

24 32541

Country

25 US

Zip

29 32541

Country

30 US

9. Name and Address of Current Registered Agent

PRATT, LINDA
225 MAIN ST., STE 7H
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name Gelder, Jay B.

82 Street Address (P.O. Box Number is Not Acceptable)
10221 Hwy 98, Suite 23

83

84 City Destin, FL 32541

FL

85 Zip Code 32541

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

4/21/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VSTN DELETE
NAME CIMMINO, PETER
STREET ADDRESS 937 KING POST RD
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE D DELETE
NAME JENKINS, MIKE
STREET ADDRESS 25 WALTER MARTIN RD., STE 203
CITY-ST-ZIP FT. WALTON BEACH FL 32548

TITLE D DELETE
NAME MEAD, MICHAEL
STREET ADDRESS 24 WALTER MARTIN ROAD NE
CITY-ST-ZIP FT. WALTON BEACH FL 32548

TITLE D DELETE
NAME Kosko, Chip
STREET ADDRESS 126 South Shore Dr. #24
CITY-ST-ZIP Destin, FL 32541

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD Change Addition
1.2 NAME Cimmino, Peter
1.3 STREET ADDRESS 937 Kings Post Road
1.4 CITY-ST-ZIP Rockledge, FL 32955

2.1 TITLE VPD Change Addition
2.2 NAME Harris, Douglas
2.3 STREET ADDRESS 59 Heron Pointe Ct.
2.4 CITY-ST-ZIP Destin, FL 32541

3.1 TITLE TD Change Addition
3.2 NAME Raus, Gene
3.3 STREET ADDRESS 35 Hibiscus Lane
3.4 CITY-ST-ZIP Destin, FL 32541

4.1 TITLE SD Change Addition
4.2 NAME Shupe, Richard
4.3 STREET ADDRESS 387 South Shore Drive
4.4 CITY-ST-ZIP Destin, FL 32541

5.1 TITLE D Change Addition
5.2 NAME Reeves, Bernie
5.3 STREET ADDRESS 107 Bay Tree Drive
5.4 CITY-ST-ZIP Destin, FL 32541

6.1 TITLE D Change Addition
6.2 NAME Gelder, Lisa A.
6.3 STREET ADDRESS 56 Bonaire Blvd.
6.4 CITY-ST-ZIP Destin, FL 32541

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

April 23, 99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)