2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44624

FILED Mar 16, 2009 Secretary of State

Entity Name: BAYSIDE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:				New Principal	New Principal Place of Business:		
215 GRAN							
SUITE 200 MIRAMAR) BEACH, FL	32550 US	3				
	lailing Addre		•	New Mailing A	Address:		
	_			g .			
215 GRAN SUITE 200 MIRAMAR		32550 US	6				
FEI Number:	: 59-3131017	FEI Numb	er Applied For()	FEI Number Not Applicable	e () Certificate of Status Desired ()		
Name and	l Address of	Current Re	gistered Agent:	Name and Add	dress of New Registered Agent:		
	/, TERRY P			SHIPMAN, GAR			
215 GRAND BLVD SUITE 200				STE. B	1414 COUNTY HIGHWAY 283 SOUTH STE. B		
MIRAMAR	BEACH, FL	32550 US		SANTA ROSA	BEACH, FL 32459 US		
	named entity e of Florida.	/ submits this	statement for the	purpose of changing its re	gistered office or registered agent, or both,		
SIGNATUF	RE: GARY A	A. SHIPMAN			03/16/2009		
	Electro	onic Signatur	e of Registered Ag	ent	Date		
OFFICERS	S AND DIRE	CTORS:		ADDITIONS/C	HANGES TO OFFICERS AND DIRECTORS		
Title:	DT () Delete		Title:	() Change () Addition		
Name:	SHOLLENBE	RGER, CURT		Name:	() Change () Addition		
Name: Address:	SHOLLENBE 340 BAY TRE	RGER, CURT E DR	o us	Name: Address:	() Change () Addition		
Name:	SHOLLENBE 340 BAY TRE	RGER, CURT	0 US	Name:	() Change () Addition		
Name: Address: City-St-Zip: Title:	SHOLLENBE 340 BAY TRE MIRAMAR BE DV (RGER, CURT E DR ACH, FL 3255 Delete	0 US	Name: Address: City-St-Zip: Title:	() Change () Addition () Change () Addition		
Name: Address: City-St-Zip: Title: Name:	SHOLLENBE 340 BAY TRE MIRAMAR BE DV (FILLINGAME,	RGER, CURT E DR ACH, FL 3255 Delete JEANNE	0 US	Name: Address: City-St-Zip: Title: Name:			
Name: Address: City-St-Zip: Title:	SHOLLENBE 340 BAY TRE MIRAMAR BE DV (FILLINGAME, 103 ANTILLE	RGER, CURT E DR ACH, FL 3255 Delete JEANNE		Name: Address: City-St-Zip: Title:			
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	SHOLLENBE 340 BAY TRE MIRAMAR BE DV (FILLINGAME, 103 ANTILLE MIRAMAR BE	RGER, CURT E DR ACH, FL 3255 Delete JEANNE S COVE ACH, FL 3255		Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	() Change () Addition		
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY A. SHIPMAN RA 03/16/2009