

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:

215 GRAND BLVD
SUITE 200
MIRAMAR BEACH, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

215 GRAND BLVD
SUITE 200
MIRAMAR BEACH, FL 32550 US

New Mailing Address:

FEI Number: 59-3131017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORMLEY, TERRY P
215 GRAND BLVD
SUITE 200
MIRAMAR BEACH, FL 32550 US

Name and Address of New Registered Agent:

SHIPMAN, GARY A
1414 COUNTY HIGHWAY 283 SOUTH
STE. B
SANTA ROSA BEACH, FL 32459 US

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.

SIGNATURE: GARY A. SHIPMAN

03/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: SHOLLENBERGER, CURT
Address: 340 BAY TREE DR
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: DV () Delete
Name: FILLINGAME, JEANNE
Address: 103 ANTILLES COVE
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: DS () Delete
Name: CONLEY, CYNDI
Address: 12 HERON POINTE CT
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: DP () Delete
Name: ABT, MIKE
Address: 294 BAY TREE DR
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: D () Delete
Name: ZILER, JIM
Address: 52 MANDEVILLA LN
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: D () Delete
Name: FINCKE, BETH
Address: 65 BONAIRE BLVD
City-St-Zip: MIRAMAR BEACH, FL 32550 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Electronic Signature of Signing Officer or Director

Date