

FILE NOW: FILING FEE IS \$61.25

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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002455 (4)**

1. Corporation Name:

BAYSIDE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 1834 NORTH STATE ROAD 13 SWITZERLAND FL 32259	Mailing Address P.O. BOX 57201 JACKSONVILLE FL 32241-7201 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/25/1993	3a. Date of Last Report 03/13/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2843382	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WEBB, CASEY 3804 UNIVERSITY BLVD. JACKSONVILLE FL 32216	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STOUT, 'REX' CECIL C.		1.2 NAME	
STREET ADDRESS 1737 BAYSIDE BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP SWITZERLAND FL		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAMPBELL, LAMAR		2.2 NAME	
STREET ADDRESS 1004 RAVINE TERRACE		2.3 STREET ADDRESS	
CITY-ST-ZIP SWITZERLAND FL		2.4 CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FILOSETA, JOE		3.2 NAME NOWAK, MARY LOU	
STREET ADDRESS 1734 BAYSIDE BLVD		3.3 STREET ADDRESS 1076 MAINSAIL LANE	
CITY-ST-ZIP SWITZERLAND FL		3.4 CITY-ST-ZIP SWITZERLAND, FL 32259	
TITLE TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BOALES, OWEN		4.2 NAME EUGENE STROPES	
STREET ADDRESS 1020 RAVINE BLVD		4.3 STREET ADDRESS 951 BAYSIDE BLUFF ROAD	
CITY-ST-ZIP SWITZERLAND FL		4.4 CITY-ST-ZIP SWITZERLAND, FL 32259	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Eugene Stropes* **1-3-96** **904-448-6465**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0006454

CR2E037 (9/96)