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Mar 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003873 (6)**

1. Corporation Name

**BAYSIDE ESTATES NEW SECTION HOMEOWNERS, INC.**



Principal Place of Business <b>17803 SAN CARLOS BLVD. FORT MYERS BEACH FL 33931</b>	Mailing Address <b>17803 SAN CARLOS BLVD. FORT MYERS BEACH FL 33931</b>
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3. Date Incorporated or Qualified

**08/08/1994**

4. FEI Number

**65-0578806**

Applied For

Not Applicable

2. Principal Place of Business <b>21 1318 Bougainvillea</b> Suite, Apt. #, etc.	2a. Mailing Address <b>28 1318 Bougainvillea</b> Suite, Apt. #, etc.
22 City & State <b>23 Fort Myers, FL</b> Zip Country <b>24 33901 25 USA</b>	27 City & State <b>28 Fort Myers, FL</b> Zip Country <b>29 33901 30 USA</b>

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**STEVENS, CHARLES R  
17803 SAN CARLOS BLVD.  
FORT MYERS BEACH FL 33931**

10. Name and Address of New Registered Agent

81 Name <b>Stevens, Charles R.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1318 Bougainvillea</b>
83
84 City <b>Fort Myers</b>
85 Zip Code <b>FL 33901</b>

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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when relistening)

DATE

**2-24-98**

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>STEVENS, CHARLES R</b>	
STREET ADDRESS <b>17803 SAN CARLOS BLVD.</b>	
CITY-ST-ZIP <b>FORT MYERS BEACH FL 33931</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>WYBLE, JOSEPH N</b>	
STREET ADDRESS <b>17803 SAN CARLOS BLVD.</b>	
CITY-ST-ZIP <b>FORT MYERS BEACH FL</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>STEVENS, PETER J</b>	
STREET ADDRESS <b>17803 SAN CARLOS BLVD.</b>	
CITY-ST-ZIP <b>FORT MYERS BEACH FL 33931</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Stevens, Charles R.</b>	
1.3 STREET ADDRESS <b>1318 Bougainvillea</b>	
1.4 CITY-ST-ZIP <b>Fort Myers, FL 33901</b>	
2.1 TITLE <b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Wyble, Joseph N.</b>	
2.3 STREET ADDRESS <b>13351 Greengate Blvd. #422</b>	
2.4 CITY-ST-ZIP <b>Fort Myers, FL 33919</b>	
3.1 TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>Stevens, Peter J.</b>	
3.3 STREET ADDRESS <b>209 Parkview Road</b>	
3.4 CITY-ST-ZIP <b>Sebring, FL 33870</b>	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE

**2-24-98**

CR2E037 (10/97)