


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90719 013 ****70.00

DOCUMENT # N99000005963

1. Entity Name
BAYSIDE COMMERCIAL OWNERS ASSOCIATION, INC.




Principal Place of Business Mailing Address
220 MCKENZIE AVENUE **220 MCKENZIE AVENUE**
PANAMA CITY FL 32401 **PANAMA CITY FL 32401**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3663798** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HUGHES, J. ROBERT ESQ.
220 MCKENZIE AVENUE
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CROWDER, CHARLES N	
STREET ADDRESS	1155 MID-BROADWELL	
CITY-ST-ZIP	ALPHARETTA GA 30004	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROBINSON, ANDREW L	
STREET ADDRESS	1528 MILLINGTON ROAD	
CITY-ST-ZIP	COLOMBUS GA 31904	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COVINGTON, LARRY W	
STREET ADDRESS	C/O 1151 MID-BROADWELL RD.	
CITY-ST-ZIP	ALPHARETTA GA	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LATIMER, ROBERT H	
STREET ADDRESS	1635 WESTERN AVE. SUITE 102	
CITY-ST-ZIP	KNOXVILLE TN 37921	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **3/15/03** 770-240-8155

CR2E037 (10/02)