

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000078188 (8)
1. Corporation Name

BAYSIDE PARK HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

444 WHITEHEAD ST
KEY WEST FL 33040

444 WHITEHEAD ST
KEY WEST FL 33040



2. Principal Place of Business

2a. Mailing Address

21 615 GREENE ST

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #12

27

City & State

City & State

23 KEY WEST, FL

28

Zip

Zip

Country

Country

24 33040

25 USA

29

30

9. Name and Address of Current Registered Agent

KEY WEST LAW OFFICE, P.A.
444 WHITEHEAD ST
KEY WEST FL 33040

3. Date Incorporated or Qualified

11/12/1993

3a. Date of Last Report

04/07/1995

4. FEI Number

65-0505222

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-instating)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE P
NAME KUNKEL, ROXANNE
STREET ADDRESS 615 GREENE ST. #15
CITY-STATE-ZIP KEY WEST FL

☐ DELETE

TITLE V
NAME SMITH, THOMAS C JR.
STREET ADDRESS 631 GREENE ST.
CITY-STATE-ZIP KEY WEST FL

☐ DELETE

TITLE S
NAME KUNKEL, ROBERT R
STREET ADDRESS 444 WHITEHEAD STREET
CITY-STATE-ZIP KEY WEST FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bayside Park Home Owners Association, Inc.
12 July 96
305-296-9988

CR2E034 (3/96)