

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

AMENDED

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
97 OCT -6 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000078188
1. Corporation Name
BAYSIDE PARK HOME OWNERS, ASSOC INC

Principal Place of Business Mailing Address
1300 15th Ct # 48
Key West, FL 33040

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
4. FEI Number Applied for
65-0505222 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

9. Name and Address of Current Registered Agent
Robert R Kunkel
444 Whitehead St
Key West, FL 33040

10. Name and Address of New Registered Agent
81 Name GARYAUE Kimberling
82 Street Address (P.O. Box Number is Not Acceptable) 1300 15th Ct # 48
83
84 City Key West FL 85 Zip Code 33040

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]* DATE 8-25-97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	ROXAUNE Kunkel	
STREET ADDRESS	615 AIRPORT	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	Secretary/Treasurer	<input type="checkbox"/> DELETE
NAME	Robert R Kunkel	
STREET ADDRESS	615 GREENE ST	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Tim Smith	
STREET ADDRESS	615 GREENE ST	
CITY-ST-ZIP	KEY WEST, FL 33040	
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	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Peter Anderson	
1.3 STREET ADDRESS	615 GREENE ST	
1.4 CITY-ST-ZIP	KEY WEST, FL 33040	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		

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*****61.25 *****61.25

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address

SIGNATURE: *[Signature]* DATE: 9/27/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYING PHONE #

CR2E034 (9-95)