

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90230 047 ***150.00

DOCUMENT # P95000046162

1. Entity Name
OAKS BAYSIDE, INC.



Principal Place of Business

**1741 MAIN ST
STE 201
SARASOTA, FL 34236 US**

Mailing Address

**1741 MAIN ST
STE 201
SARASOTA, FL 34236 US**

14010754



2. Principal Place of Business

**2127 Ringling Blvd.
Suite 102
Sarasota, FL
34237 USA**

3. Mailing Address

**2127 Ringling Blvd.
Suite 102
Sarasota, FL
34237 USA**

01302004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0623562

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VENABLE, JOSEPH P
1400 4TH AVE. WEST
BRADENTON, FL 34205**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	VENABLE, JOSEPH P	
STREET ADDRESS	1400 4TH AVE. WEST	
CITY-ST-ZIP	BRADENTON, FL	
TITLE	PT	<input type="checkbox"/> Delete
NAME	PIERO RIVOLTA	
STREET ADDRESS	215 ROBIN DR.	
CITY-ST-ZIP	SARASOTA, FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	RENZO RIVOLTA	
STREET ADDRESS	215 ROBIN DRIVE	
CITY-ST-ZIP	SARASOTA, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/04 941954035J

Date

Daytime Phone #

Piero Rivolta