

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

FILED

Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S94667** (0)

1. Corporation Name
BAYSIDE PROPERTIES, INC.

Principal Place of Business

**350 S. INDIANA AVE.
ENGLEWOOD FL 34223**

Mailing Address

**350 S. INDIANA AVE.
ENGLEWOOD FL 34223-3715**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/15/1991		3a. Date of Last Report 04/02/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65-0297644		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**DEMAREE, WILLIAM M.
350 S. INDIANA AVE.
ENGLEWOOD FL 34223**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMEWOOD, KATHY E.	1.2 NAME	
STREET ADDRESS	10446 WATERFORD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL 34224	1.4 CITY-ST-ZIP	
TITLE	DP DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMAREE, WILLIAM M.	2.2 NAME	
STREET ADDRESS	5405 DAVID BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33981	2.4 CITY-ST-ZIP	
TITLE	DV DP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, RUTH T.	3.2 NAME	
STREET ADDRESS	125 ENGLEWOOD HEIGHTS RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL 34223	3.4 CITY-ST-ZIP	
TITLE	DS D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATCHISON, THOMAS	4.2 NAME	
STREET ADDRESS	27 BUNKER RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROTONDA WEST FL 34224	4.4 CITY-ST-ZIP	
TITLE	D DS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARVIS, CAROLYN	5.2 NAME	
STREET ADDRESS	1455 E. CREST DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL 34223	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kathy Damedwood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/97

Date

Daytime Phone #

CR2E034 (9/96)