

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S94667

1. Entity Name
BAYSIDE PROPERTIES, INC.



FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90269 039 ***150.00

Principal Place of Business
**1460 SOUTH MCCALL RD
STE 3-D
ENGLEWOOD, FL 34223**

Mailing Address
**1460 SOUTH MCCALL RD
STE 3-D
ENGLEWOOD, FL 34223**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0297644

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEMAREE, WILLIAM M.
1460 SOUTH MCALL RD
STE 3-D
ENGLEWOOD, FL 34223**

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **DAMEWOOD, KATHY E.**
STREET ADDRESS **30 SPYGLASS ALLEY**
CITY-ST-ZIP **PLACIDA, FL 33946**

TITLE **TD** ☐ Delete
NAME **DEMAREE, WILLIAM M.**
STREET ADDRESS **5405 DAVID BLVD.**
CITY-ST-ZIP **PORT CHARLOTTE, FL**

TITLE **PD** ☐ Delete
NAME **BROWN, RUTH-T.**
STREET ADDRESS **125 ENGLEWOOD HEIGHTS RD**
CITY-ST-ZIP **ENGLEWOOD, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Kathy E. Damewood 4/19/05 941-475-1311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #