

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **745162** ✓

1. Corporation Name

**BAYSHORE ON THE LAKE CONDOMINIUM APARTMENTS, PHA
SE II, OWNERS ASSOCIATION, INC.**

Principal Place of Business

**3519 LAKE BAYSHORE DRIVE
BRADENTON FL 32405**

Mailing Address

**3519 LAKE BAYSHORE DRIVE
BRADENTON FL 32405**

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90019 036 ****61.25



2. Principal Place of Business

21 3519 Lake Bayshore Dr

Suite, Apt. #, etc.

22

City & State

23 Bradenton, FL

Zip

24 34205

Country

25 Manatee

2a. Mailing Address

26 3519 Lake Bayshore Dr

Suite, Apt. #, etc.

27

City & State

28 Bradenton, FL

Zip

29 34205

Country

30 Manatee

3. Date Incorporated or Qualified

12/07/1978

4. FEI Number

59-1957373

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**CONDO KEEPERS
630 S ORANGE AVE, STE 102
SARASOTA FL 34236**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE

NAME **BETJEMANN, HENRY**

STREET ADDRESS **3599 LAKE BAYSHORE DR**

CITY-ST-ZIP **BRADENTON FL 34205**

TITLE **VP** ☒ DELETE

NAME **KLAPSCHINSKI, HANS**

STREET ADDRESS **3667 LAKE BAYSHORE DR**

CITY-ST-ZIP **BRADENTON FL 34205**

TITLE **S** ☒ DELETE

NAME **YODER, ELIZABETH**

STREET ADDRESS **3821 LAKE BAYSHORE DR**

CITY-ST-ZIP **BRADENTON FL 34205**

TITLE **D** ☒ DELETE

NAME **BUTTA, DAVID**

STREET ADDRESS **3754 LAKE BAYSHORE DRIVE**

CITY-ST-ZIP **BRADENTON FL**

TITLE **D** ☒ DELETE

NAME **NARRAMORE, BETTY**

STREET ADDRESS **3587 LAKE BAYSHORE DR**

CITY-ST-ZIP **BRADENTON FL 34205**

TITLE **DT** ☐ DELETE

NAME **BONDY, WILLIAM**

STREET ADDRESS **3521 LAKE BAYSHORE DR**

CITY-ST-ZIP **BRADENTON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME **Hans Klapschinski**

1.3 STREET ADDRESS **3667 Lake Bayshore Dr**

1.4 CITY-ST-ZIP **Bradenton FL 34205**

2.1 TITLE **VP** ☒ Change ☐ Addition

2.2 NAME **T.J. Barbour**

2.3 STREET ADDRESS **3809 Lake Bayshore Dr**

2.4 CITY-ST-ZIP **Bradenton FL 34205**

3.1 TITLE **S** ☒ Change ☐ Addition

3.2 NAME **Gerald Praschak**

3.3 STREET ADDRESS **3541 Lake Bayshore Dr**

3.4 CITY-ST-ZIP **Bradenton FL 34205**

4.1 TITLE **D** ☒ Change ☐ Addition

4.2 NAME **Henry Retjemann**

4.3 STREET ADDRESS **3599 Lake Bayshore Dr**

4.4 CITY-ST-ZIP **Bradenton FL 34205**

5.1 TITLE **D** ☒ Change ☐ Addition

5.2 NAME **John Phinney**

5.3 STREET ADDRESS **3750 Lake Bayshore Dr**

5.4 CITY-ST-ZIP **Bradenton FL 34205**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Hans Klapschinski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 9, 1999

Date

Daytime Phone #

CR2E037 (5/99)