## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000068990

FILED Jan 12, 2004 Secretary of State

Entity Name: BAYSHORE ASSOCIATION MANAGEMENT, INC.

**Current Principal Place of Business: New Principal Place of Business:** 606 BAYSHORE BLVD. 1304 BAYSHORE BLVD. PORT ST. LUCIE, FL 34986 PORT ST. LUCIE, FL 34983 **Current Mailing Address: New Mailing Address:** 606 BAYSHORE BLVD. 1304 BAYSHORE BLVD. PORT ST. LUCIE, FL 34986 PORT ST. LUCIE, FL 34986 FEI Number: 65-1124562 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: PINKNEY, PADRICK A ESQ. MOUTOGIANNIS, LINDA S PRES. 606 BAYSHORE BLVD. 1304 BAYSHORE BLVD PORT ST. LUCIE, FL 34986 PORT ST. LUCIE, FL 34983 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. SIGNATURE: LINDA S MOUTOGIANNIS 01/12/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition MOUTOGIANNIS, LINDA MOUTOGIANNIS, LINDA S Name: Name: 1474 S.E. GRAPELAND AVE. 1474 S.E. GRAPELAND AVE. Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34952 City-St-Zip: PORT SAINT LUCIE, FL 34952 Title: Title: () Change () Addition () Delete Name: WEBER, BRENDA Name: 1105 OCEAN DUNES CIRCLE Address: Address: City-St-Zip: JUPITER, FL 33477 City-St-Zip: Title: Title: () Delete () Change () Addition PUBIFICATO, ANTHONY Name: Name: 1474 S.E. GRAPELAND AVE. Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34952 City-St-Zip: Title: ( ) Delete Title: () Change () Addition WEBER, WILLIAM L Name: Name: Address: 1105 OCEAN DUNES CIR. Address: City-St-Zip: JUPITER, FL 33477 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA S MOUTOGIANNIS MS 01/12/2004