2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000068990

Entity Name: BAYSHORE ASSOCIATION MANAGEMENT, INC.

FILED Apr 28, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

430 N W LAKE WHITNEY PLACE PORT ST. LUCIE, FL 34986 430 NW LAKE WHITNEY PLACE PORT ST. LUCIE, FL 34986

Current Mailing Address: New Mailing Address:

430 N W LAKE WHITNEY PLACE PORT ST. LUCIE, FL 34986 430 NW LAKE WHITNEY PLACE PORT ST. LUCIE, FL 34986

FEI Number: 65-1134562 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOUTOGIANNIS, LINDA S PRES.
430 N W LAKE WHITNEY PLACE
PORT ST. LUCIE, FL 34986 US

MOUTOGIANNIS, LINDA S PRES.
430 NW LAKE WHITNEY PLACE
PORT ST. LUCIE, FL 34986 US

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: 04/28/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

Name: MOUTOGIANNIS, LINDA S Address: 430 NW LAKE WHITNEY PLACE City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: ST

Name: WEBER, WILLIAM L

Address: 430 NW LAKE WHITNEY PLACE City-St-Zip: PORT ST.LUCIE, FL 34986

Title: D

Name: WADSWORTH, CHRISTOPHER Address: 430 NW LAKE WHITNEY PLACE City-St-Zip: PORT ST.LUCIE, FL 34986

I hereby 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 all other like empowered.

SIGNATURE: LINDA MOUTOGIANNIS P 04/28/2011