

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751529 (9)

1. Corporation Name

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

Principal Place of Business

Mailing Address

P.O. BOX 10067
P.O. BOX 10067
BRADENTON FL 34262
USP.O. BOX 10067
BRADENTON FL 34262-0067
US3. Date Incorporated or Qualified
03/12/19803a. Date of Last Report
03/12/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARMONY MANAGEMENT
4400 EL CONQUISTADOR PKWY
BRADENTON FL 34282

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

1/13/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RILEY, THELMA	
STREET ADDRESS	3164 LAKE BAYSHORE DR	
CITY-ST-ZIP	BRADENTON FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	LORANGER, PAUL	
STREET ADDRESS	3330 LAKE BAYSHORE DR	
CITY-ST-ZIP	BRADENTON FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HAMILTON, AL	
STREET ADDRESS	3442 LAKE BAYSHORE DR	
CITY-ST-ZIP	BRADENTON FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	VAIL, ANTHONY	
STREET ADDRESS	3360 LAKE BAYSHORE DR	
CITY-ST-ZIP	BRADENTON FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDREWS, MARGE	
STREET ADDRESS	3344 LAKE BAYSHORE DR	
CITY-ST-ZIP	BRADENTON FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thelma Riley*
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR1-13-97 411-758 9624
Date Daytime Phone # 0064276

CR2E037 (9/96)