2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004
Secretary of State

DOCUMENT# N99000001374

Entity Name: BAYSHORE POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. SR 434
STE. 5000
LONGWOOD, FL 32779

New Principal Place of Business:

2180 W. SR 434
SUITE 5000
LONGWOOD, FL 32779

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3581438 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
% SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: PENA, WENDI
Address: 2943 BAYSHORE POINTE DR.
City-St-Zip: TAMPA, FL 33611

Title: DST ( ) Delete
Name: RICHMOND, CRAIG
Address: 2937 POINTEVIEW DR.
City-St-Zip: TAMPA, FL 33611

Title: DVP ( ) Delete
Name: SMITH, BRIAN
Address: 3055 POINTEVIEW DR.
City-St-Zip: TAMPA, FL 33611

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: RICHMOND, CRAIG
Address: 2937 POINTVIEW DR
City-St-Zip: TAMPA, FL 33611

Title: VPD (X) Change ( ) Addition
Name: DEACY, MIKE
Address: 2924 BAYSHORE POINTE DR
City-St-Zip: TAMPA, FL 33611

Title: SD (X) Change ( ) Addition
Name: LIBERATOR, LEE
Address: 2950 BAYSHORE POINTE DR
City-St-Zip: TAMPA, FL 33611

Title: TD ( ) Change (X) Addition
Name: FALLON, MAX
Address: 2921 POINTVIEW DR
City-St-Zip: TAMPA, FL 33611

Title: D ( ) Change (X) Addition
Name: PENA, WENDI
Address: 2943 BAYSHORE POINTE DR
City-St-Zip: TAMPA, FL 33611

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG RICHMOND PD 04/14/2004
Electronic Signature of Signing Officer or Director — Date