2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001374

FILED Feb 27, 2006 Secretary of State

Entity Name: BAYSHORE POINTE HOMEOWNERS ASSOCIATION, INC.

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

2180 W. SR 434 **SUITE 5000** LONGWOOD, FL 32779

New Mailing Address: Current Mailing Address:

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044

FEI Number: 59-3581438 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:

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

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition RICHMOND, CRAIG GARCIA, ANDY Name: Name: 2937 POINTVIEW DR Address: 4532 W KENNEDY BLVD #310 Address: City-St-Zip: TAMPA, FL 33611 City-St-Zip: TAMPA, FL 33609

Title: Title: () Delete () Change () Addition

DEACY, MIKE Name: Name: Address: 2924 BAYSHORE POINTE DR Address: City-St-Zip: TAMPA, FL 33611 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

LIBERATOR, LEE COTIER, BONNIE Name: Name:

2950 BAYSHORE POINTE DR 2922 BAYSHORE POINTE DR Address: Address:

City-St-Zip: TAMPA, FL 33611 City-St-Zip: TAMPA, FL 33611

Title: TD Title: TD (X) Change () Addition () Delete

Name: FALLON, MAX Name: LIBERATOR, BILL 2921 POINTVIEW DR 2934 POINTVIEW DR Address: Address: City-St-Zip: TAMPA, FL 33611 City-St-Zip: TAMPA, FL 33611

Title: () Delete Title: (X) Change () Addition

PENA, WENDI RAMADAN, SAMI Name: Name:

2943 BAYSHORE POINTE DR 2970 BAYSHORE POINTE DR Address: Address:

TAMPA, FL 33611 City-St-Zip: 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 Chapter 119, 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: ANDY GARCIA PD 02/27/2006