

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005660

FILED  
Apr 08, 2008  
Secretary of State

Entity Name: BAYSHORE TOWNHOUSES OF PINELLAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7300 PARK STREET  
SEMINOLE, FL 33777

**New Principal Place of Business:**

**Current Mailing Address:**

7300 PARK STREET  
SEMINOLE, FL 33777

**New Mailing Address:**

FEI Number: 59-3539868

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RESOURCE PROPERTY  
7300 PARK STREET  
SEMINOLE, FL 33777 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: VPD ( ) Delete  
Name: CUZZOLA, VALERIE  
Address: 3112 OYSTER BAYOU WAY  
City-St-Zip: CLEARWATER, FL 33759

Title: PD ( ) Delete  
Name: JOY, BRENT  
Address: 3110 OYSTER BAYOU WAY  
City-St-Zip: CLEARWATER, FL 33759

Title: S ( ) Delete  
Name: ZIRKLE, KAREN  
Address: 3109 OYSTER BAYOU WAY  
City-St-Zip: CLEARWATER, FL 33759

Title: T (X) Delete  
Name: HARDER, STEFANIE  
Address: 35 ESTUARY TRAIL  
City-St-Zip: CLEARWATER, FL 33759

Title: D (X) Delete  
Name: JAGGERS, RICK  
Address: 10 SEAGRAPE CIRCLE  
City-St-Zip: CLEARWATER, FL 33759

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: HARDER, STEFANIE  
Address: 35 ESTUARY TRAIL  
City-St-Zip: CLEARWATER, FL 33759

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BRENT JOY

DP

04/08/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date