

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000000165

**Entity Name:** BAYSHORE HEIGHTS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O HOME ENCOUNTER  
12906 TAMPA OAKS BLVD, STE.100  
TEMPLE TERRACE, FL 33637

**Current Mailing Address:**

C/O HOME ENCOUNTER  
12906 TAMPA OAKS BLVD, STE.100  
TEMPLE TERRACE, FL 33637 US

**FEI Number:** 82-1142414

**Certificate of Status Desired:** No

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

HOME ENCOUNTER, LLC  
12906 TAMPA OAKS BLVD., SUITE100  
TEMPLE TERRACE, FL 33637 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name SCHIFFER, MARTHA  
Address C/O HOME ENCOUNTER  
12906 TAMPA OAKS BLVD, STE.100  
City-State-Zip: TEMPLE TERRACE FL 33637

Title VPD  
Name NOBLE, GRANT  
Address C/O HOME ENCOUNTER  
12906 TAMPA OAKS BLVD, STE.100  
City-State-Zip: TEMPLE TERRACE FL 33637

Title STD  
Name FRANKS, LARRY  
Address C/O HOME ENCOUNTER  
12906 TAMPA OAKS BLVD, STE.100  
City-State-Zip: TEMPLE TERRACE FL 33637

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

**SIGNATURE:** MARTHA SCHIFFER

PD

04/12/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date