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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 707089

1. Corporation Name

BAYSHORE GARDENS CONDOMINIUM APARTMENTS ASSOCIATION, INC.

Principal Place of Business

1600 LEISURE DRIVE
 BRADENTON FL 34207

Mailing Address

1600 LEISURE DRIVE
 BRADENTON FL 34207



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 4301 32nd St W

Suite, Apt. #, etc.

27 C7

28 City & State

Bradenton Fl

29 Zip

34205

30 Country

Manatee

3. Date Incorporated or Qualified

03/31/1964

4. FEI Number

59-1096968

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

~~KROEGER, RONALD H~~
~~2611 47TH ST W~~
~~BRADENTON FL 34209~~

10. Name and Address of New Registered Agent

81 Name
 C&S Condominium Management Serv Inc
 82 Street Address (P.O. Box Number is Not Acceptable)
 4301 32nd St W
 83 Suite C7
 84 City
 Bradenton FL
 85 Zip Code
 34205

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

M.H. Chris Brown

M.H. Chris Brown Pres

3-3-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GROSH, BERLIENE	
STREET ADDRESS	1569 LEISURE MI	
CITY-ST-ZIP	BRADENTON, FL 33507	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROBERT, JOHNSON	
STREET ADDRESS	5934 EASY K25	
CITY-ST-ZIP	BRADENTON FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SKIDGELL, GEORGE	
STREET ADDRESS	1546 LEISURE N24	
CITY-ST-ZIP	BRADENTON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SMIALEK, BARBARA	
STREET ADDRESS	5929 TODD, D23	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PALMESI, A.M.	
STREET ADDRESS	1583 LEISURE, M21	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	YPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Miller John	
1.3 STREET ADDRESS	5 Hillcrest Dr	
1.4 CITY-ST-ZIP	Excelsior MN 55331	
2.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Peel John	
2.3 STREET ADDRESS	5921 Todd St #D06	
2.4 CITY-ST-ZIP	Bradenton Fl 34207	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Dahl Russell	
3.3 STREET ADDRESS	640 Sugartree Rd	
3.4 CITY-ST-ZIP	Crawfordsville IN 47933	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Crabb Warren	
4.3 STREET ADDRESS	416 McCellan Dr	
4.4 CITY-ST-ZIP	Pittsburgh PA 15236	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Jensen James	
5.3 STREET ADDRESS	1545 Pleasant Rd #23H	
5.4 CITY-ST-ZIP	Bradenton Fl 34207	
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 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, with all other like empowered.

SIGNATURE:

John Peel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres

3/7/99

Date

941-758-9454
 Daytime Phone #

CR2E037 (11/98)