


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2005 8:00 am**  
**Secretary of State**

03-17-2005 90021 014 \*\*\*150.00

<b>DOCUMENT # 707089</b>					
1. Entity Name <b>BAYSHORE GARDENS CONDOMINIUM APARTMENTS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1600 LEISURE DRIVE BRADENTON, FL 34207 US</b>			Mailing Address <b>1600 LEISURE DRIVE BRADENTON, FL 34207 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1096968</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BECKER &amp; POLIAKOFF P.A. 630 SOUTH ORANGE AVE. SARASOTA, FL 34236</b>				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
				<b>FL</b>	
Zip Code				Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<b>SECRETARY-TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENSON, BARBARA			NAME	<b>JAMES AGARAY</b>
STREET ADDRESS	5928 EASY ST K-22			STREET ADDRESS	<b>1511 PLEASANT RD - A5</b>
CITY-ST-ZIP	BRADENTON, FL 34207			CITY-ST-ZIP	<b>BRADENTON, FL 34207</b>
TITLE	DV	<input type="checkbox"/> Delete		TITLE	<b>DIR. @ LARGE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALLANAN, JAMES			NAME	<b>THERESE DWARF</b>
STREET ADDRESS	5945 EASY ST I-34			STREET ADDRESS	<b>5918 EASY ST - K4</b>
CITY-ST-ZIP	BRADENTON, FL 34207			CITY-ST-ZIP	<b>BRADENTON, FL 34207</b>
TITLE	DT	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BABAY, JOHN			NAME	
STREET ADDRESS	1600 LEISURE DRIVE			STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34207			CITY-ST-ZIP	
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, LEE			NAME	
STREET ADDRESS	1600 LEISURE DRIVE			STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34207			CITY-ST-ZIP	
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, HELEN			NAME	
STREET ADDRESS	1600 LEISURE DRIVE			STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34207			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Barbara Benson - Barbara Benson</i>				Date: <b>3/14/05</b> Daytime Phone #: <b>941-753-4661</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	