

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90016 031 \*\*\*\*61.25

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01192006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # 707089</b>					
1. Entity Name BAYSHORE GARDENS CONDOMINIUM APARTMENTS ASSOCIATION, INC.					
Principal Place of Business 1600 LEISURE DRIVE BRADENTON, FL 34207 US		Mailing Address 1600 LEISURE DRIVE BRADENTON, FL 34207 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1096968	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BECKER & POLIAKOFF P.A. 630 SOUTH ORANGE AVE. SARASOTA, FL 34236			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BENSON, BARBARA	NAME			
STREET ADDRESS	5928 EASY ST K-22	STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34207	CITY-ST-ZIP			
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CALLANAN, JAMES	NAME			
STREET ADDRESS	5945 EASY ST I-34	STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34207	CITY-ST-ZIP			
TITLE	S/T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AGARDY, JAMES	NAME			
STREET ADDRESS	1511 PLEASANT RD A5	STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34207	CITY-ST-ZIP			
TITLE	DAL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DURFER, THERESE	NAME			
STREET ADDRESS	5918 EASY ST K4	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			
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 exemptions contained 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 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</i> BARBARA BENSON - PRESIDENT		Date: 2/7/06		Daytime Phone #: 941-753-4661	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	