


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 707089 1. Entity Name BAYSHORE GARDENS CONDOMINIUM APARTMENTS ASSOCIATION, INC.	
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FILED
06 MAY -2 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1600 LEISURE DRIVE BRADENTON, FL 34207 US	Mailing Address 1600 LEISURE DRIVE BRADENTON, FL 34207 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04142006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-1096968	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECKER & POLIAKOFF P.A. 630 SOUTH ORANGE AVE. SARASOTA, FL 34236	
7. Name and Address of New Registered Agent	
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$81.25	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
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10. The new list should read:	
TITLE NAME STREET ADDR CITY-ST-ZIP MARTIN, JOHN PD 1541 Leisure Dr. F-21 Bradenton, Fl. 34207 US	
TITLE NAME STREET ADDR CITY-ST-ZIP EICHHORN, ANNE DV 5923 Easy St. I-7 Bradenton, Fl. 34207 US	
TITLE NAME STREET ADDR CITY-ST-ZIP ROBINSON, LEE SEC 1504 Pleasant Road G-1 Bradenton, Fl. 34207 US	
TITLE NAME STREET ADDR CITY-ST-ZIP Ruth Phillips TR 1514 Pleasant Rd. Bradenton, FL. 34207 US	
TITLE NAME STREET ADDR CITY-ST-ZIP TAKACS, CHARLIE DAL 5925 Easy Street I-21 Bradenton, FL. 34207 US	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 2em; text-align: center; margin: 10px 0;"> [Handwritten Signature] </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; margin: 10px 0;"> 200074324932 05/10/06--01006--024 **\$1.25 </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Anne C. Eichhorn, Vice President 04/26/06-941-727-2723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
ANNE C. EICHHORN V. P.