

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90216 012 \*\*\*\*61.25

**DOCUMENT # 729282**

1. Entity Name  
**BAYSHORE-ON THE LAKE CONDOMINIUM  
APARTMENT-OWNERS, INC.**



Principal Place of Business  
**310 PEARL AVENUE  
SARASOTA, FL 34243**

Mailing Address  
**310 PEARL AVENUE  
SARASOTA, FL 34243**



2. Principal Place of Business - No P.O. Box #  
**4301 32nd St. W.**

3. Mailing Address  
**4301 32nd St. W.**

Suite, Apt. #, etc.  
**Ste A-20**

Suite, Apt. #, etc.  
**Ste A-20**

City & State  
**Bradenton, FL**

City & State  
**Bradenton, FL**

Zip  
**34205**

Country  
**U.S.A.**

Zip  
**34203**

Country  
**U.S.A.**

04152007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1531519**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

**DELLCOR MANAGEMENT  
310 PEARL AVENUE  
SARASOTA, FL 34243**

## 7. Name and Address of New Registered Agent

Name  
**C+S Condominium Management**  
Street Address (P.O. Box Number is Not Acceptable)  
**4301 32nd St. W.**  
**Ste A-20**  
City  
**Bradenton** FL Zip Code  
**34203**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/15/07**

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S**  
**DEVINE, CHARLOTTE**  
**3919 LAKE BAYSHORE DRIVE**  
**BRADENTON, FL 34205** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T**  
**MARSHALL, SHARON**  
**4126 HERON WAY**  
**BRADENTON, FL 34205** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP**  
**BOTTENSTEIN, HARVARD**  
**3931 LAKE BAYSHORE DRIVE**  
**BRADENTON, FL 34205** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P**  
**HANENBURG, PRESTON**  
**3921 LAKE BAYSHORE DR 309**  
**BRADENTON, FL 34205** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Treasurer**  
**Mary Merleno**  
**3889 Lake Bayshore Dr. E209**  
**Bradenton, FL 34205** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Vice President**  
**Paul Hoffman**  
**4201 Heron Way E412**  
**Bradenton, FL 34205** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D**  
**Edward Leifheit**  
**4015 Lake Bayshore Dr. C108**  
**Bradenton, FL 34205** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D**  
**Don Hooker**  
**4148 Heron Way B124**  
**Bradenton, FL 34205** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D**  
**Geraldine Snelson**  
**4214 Heron Way B309**  
**Bradenton, FL 34205** ☐ Change ☒ 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 live empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #