2006 NOT-FOR-PROFIT CORPORATION

FILED May 01, 2006 8:00 am Secretary of State

05-01-2006 90428 047 ****61.25

ANNUAL REPORT		
DOCUMENT #77038 1. Entity Name BAY SHORE VILLAGE PROPE ASSOCIATION, INC.	•	
Delaniant Mana of Designa	8 4 - 20°	

Principal Place of Business Mailing Address 50018228 4304 SE BAYSHORE TERR. 4304 SE BAYSHORE TERR. STUART, FL 34997 STUART, FL 34997 US 2. Principal Place of Business 3. Mailing Address Bayshcre Temau 4333 SE Bayshore Terr Suite, Apt. #, etc. 04272006 Cha-NP CR2E037 (4/06) FEI Number
 59-2376763 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Frances Kaleta WILLIAMS, JEANNE 4304 SE BAYSHORE TERR. Street Address (P.O. Box Number is Not Acceptable) STUART, FL 34997 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/ (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing **\$5.00** May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE □ Delete TITLE D Kelvin Forder hange Addition Stuart, FL. 34997
Frances Kaleta & Change DA JINKS, BILL NAME NAME STREET ADORESS 4599 BAYSHORE TERR. STREET ADDRESS STUART, FL 34997 CITY-ST-ZIP CITY-ST-ZIP Detete TITLE TITLE S TIMMONS, WENDELL D NAME 4333 SE. Bayshore Terrace Stuart, Fl. 34997 STREET ADDRESS 4659 SE BAYSHORE LN STREET ADDRESS CITY-ST-ZIP STUART, FL 34997 CITY-ST-ZIP S TITLE TILE VP Dawn Butler V Delete NAME WILLIAMS, JEANNE NAME 4359 SE Bayshore Terrace Strawy FL 34997 STREET ADDRESS 4304 SE BAYSHORE TERR. STREET ADDRESS STUART, FL 34997 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITI F ☐ Addition MAJKA, MARTY NAME STREET ADORESS 4780 SE BAYSHORE TERR STREET ADDRESS City-ST-ZIP STUART, FL 34997 City-St-ZIP ☐ Delete Change Addition NAME HODUM, MARIE NAME STREET ADDRESS 4800 SE BAY SHORE TERR STREET ADDRESS CITY-ST-ZIP STUART, FL CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition ALSPACH, DEBBIE NAME NAME STREET ADDRESS 4799 SE BAYSHORE TERR STREET ADDRESS CITY-ST-ZIP STUART, FL 34997 CITY-ST-ZIP

12. Thereby 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: MANCES	Kaleta
SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING OFFICER OR DIRECTOR