

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90036 046 ****61.25

DOCUMENT # 770387 1. Entity Name BAY SHORE VILLAGE PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 4333 SE BAYSHORE TERR STUART, FL 34997 US				Mailing Address 4333 SE BAYSHORE TERR STUART, FL 34997 US	
2. Principal Place of Business - No P.O. Box # 4429 SE BAYSHORE TERR		3. Mailing Address 4429 SE BAYSHORE TERR.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		02292008 Chg-NP CR2E037 (12/06)	
City & State STUART, FL.		City & State STUART, FL.		4. FEI Number 59-2376763	
Zip 34997		Country MARTIN		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KALETA, FRANCES 4333 SE BAYSHORE TERR STUART, FL 34997				7. Name and Address of New Registered Agent Name JOHN SHAW. Street Address (P.O. Box Number is Not Acceptable) 4429 SE. BAYSHORE TERR. City STUART, FL Zip Code 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	D FORDER, KELVIN 4380 SE BAYSHORE TERR STUART, FL 34997	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. SECRETARY.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KALETA, FRANCES 4333 SE BAYSHORE TERR STUART, FL 34997	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. MAX GOGAN SPRAUER 4689 SE BAYSHORE TERR. STUART, FL 34997-6978	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUTLER, DAWN 4359 SE BAYSHORE TERR STUART, FL 34997	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. DIRECTOR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAJKA, MARTY 4780 SE BAYSHORE TERR STUART, FL 34997	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. JOHN SHAW. 4429 SE. BAYSHORE TERR. STUART, FL 34997-6978.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HODUM, MARIE 4800 SE BAY SHORE TERR STUART, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. CEAIG MARSHALL. 4409 SE. BAYSHORE TERR. STUART, FL 34997-6978.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALSPACH, DEBBIE 4799 SE BAYSHORE TERR STUART, FL 34997	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: <i>John Shaw</i> John Shaw			4-15-08 792 223 4562		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		