2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# 770387

Entity Name: BAY SHORE VILLAGE PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4429 SEBAY SHORE TERR
STUART, FL 34997 US

New Principal Place of Business:

Current Mailing Address:

4429 SEBAY SHORE TERR
STUART, FL 34997 US

New Mailing Address:

FEI Number: 59-2376763 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAW, JOHN
4429 SE. BAYSHORE TERR.
STUART, FL 34997 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	FORDER, KELVIN	
Address:	4380 SE BAYSHORE TERR	
City-St-Zip:	STUART, FL 34997	
Title:	D	( ) Delete
Name:	SPRAUER, MAX G	
Address:	9689 SE BAYSHORE TERR.	
City-St-Zip:	STUART, FL 34997	
Title:	D	( ) Delete
Name:	BUTLER, DAWN	
Address:	4359 SE BAYSHORE TERR	
City-St-Zip:	STUART, FL 34997	
Title:	P	( ) Delete
Name:	SHAW, JOHN	
Address:	4429 SE BAYSHORE TERR.	
City-St-Zip:	STUART, FL 34997	
Title:	T	( ) Delete
Name:	HODUM, MARIE	
Address:	4800 SE BAY SHORE TERR	
City-St-Zip:	STUART, FL	
Title:	D	( ) Delete
Name:	ALSPACH, DEBBIE	
Address:	4799 SE BAYSHORE TERR	
City-St-Zip:	STUART, FL 34997	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN SHAW P 01/22/2009

Electronic Signature of Signing Officer or Director — Date