

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001082

FILED
Apr 29, 2009
Secretary of State

Entity Name: BAYSHORE WEST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

STERLING MGMT SRVS
2870 SCHERER DR N STE 100
SAINT PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

STERLING MGMT SRVS
2870 SCHERER DR N STE 100
SAINT PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 59-3712254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COTTERILL, RONALD
1010 N FLORIDA AVE
TAMPA, FL 33602 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: P () Delete
Name: HILDEBRANDT, MIKE
Address: 5611 GASPER OAKS DR
City-St-Zip: TAMPA, FL 33611

Title: S () Delete
Name: SILAGYI, JACQIE
Address: 3165 BAYSHORE OAKS DR
City-St-Zip: TAMPA, FL 33611

Title: T () Delete
Name: BUTORAC, VINCE
Address: 3181 BAYSHORE OAKS DR
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: VARNES, AARON
Address: 3183 BAYSHORE OAKS DRIVE
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: IRVINE, DRAKE
Address: 3180 BAY SHORE OAKS DRIVE
City-St-Zip: TAMPA, FL 33611

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: ROGERS, CHUCK
Address: 3116 BAYSHORE OAKS DRIVE
City-St-Zip: TAMPA, FL 33611

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: MIKE HILDEBRANDT

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date