

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003072

FILED  
Feb 17, 2006  
Secretary of State

**Entity Name:** BAYSHORE MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

88-2 PINE ISLAND RD.  
N. FT. MYERS, FL 33903

**New Principal Place of Business:**

**Current Mailing Address:**

88-2 PINE ISLAND RD.  
N. FT. MYERS, FL 33903

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FISHER, LEIGH M  
1505 SE 40TH ST., SUITE B  
CAPE CORAL, FL 33904      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: PD                      ( ) Delete  
Name: MINA, JOHN W  
Address: 88-2 PINE ISLAND RD.  
City-St-Zip: N. FT. MYERS, FL 33903

Title: VD                      ( ) Delete  
Name: TUCKER, TERRY L  
Address: 88-2 PINE ISLAND RD.  
City-St-Zip: N. FT. MYERS, FL 33903

Title: STD                      ( ) Delete  
Name: WILLIAMSON, DON E  
Address: 88-2 PINE ISLAND RD.  
City-St-Zip: N. FT. MYERS, FL 33903

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 W. MINA

PD

02/17/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date