

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90016 006 ****61.25

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1. Entity Name
BAYSHORE GARDENS NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
**1406 S MOODY AVE.
TAMPA, FL 33629**

Mailing Address
**1406 S MOODY AVE.
TAMPA, FL 33629**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182006 Chg-NP CR2E037 (11/05)

4. FEI Number
57-1184148

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CRAWFORD, KAREN
1406 S MOODY AVE
TAMPA, FL 33629**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Karen S. Crawford

2/21/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **POLLYEA, VICKI**
STREET ADDRESS **1311 S MOODY AVE.**
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE **D** ☒ Delete
NAME **FRANK, MARY S**
STREET ADDRESS **2611 BAYSHORE BLVD. #907**
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE **S** ☐ Delete
NAME **CRAWFORD, KAREN**
STREET ADDRESS **1406 S. MOODY AVE**
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE **D** ☐ Delete
NAME **MCMANUS, JENNIFER**
STREET ADDRESS **2510 W. PALM DR**
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE **T** ☐ Delete
NAME **CARPENTER, RUSTY**
STREET ADDRESS **2513 S YSABELLA AVE**
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE **VP** ☐ Delete
NAME **ZUSMAN, ELLEN**
STREET ADDRESS **1412 S. MOODY AVE**
CITY-ST-ZIP **TAMPA, FL 33629**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Karen S. Crawford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/21/06 (83) 854-4363