


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000005963</b>	
1. Entity Name <b>BAYSHORE GARDENS NEIGHBORHOOD ASSOCIATION, INC.</b>	

Principal Place of Business <b>1406 S MOODY AVE. TAMPA, FL 33629</b>	Mailing Address <b>1406 S MOODY AVE. TAMPA, FL 33629</b>
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**DO NOT WRITE IN THIS SPACE**



01182007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>57-1184148</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P POLLYEA, VICKI 1311 S MOODY AVE. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CRAWFORD, KAREN 1406 S. MOODY AVE TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCMANUS, JENNIFER 2510 W. PALM DR TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CARPENTER, RUSTY 2513 S YSABELLA AVE TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ZUSMAN, ELLEN 1412 S. MOODY AVE TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

U00000615559  
02/06/07-80076-005 61.25

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 info empowered.

**SIGNATURE:**  **1/26/07 83254-4363**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #