


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000005963	
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
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DO NOT WRITE IN THIS SPACE

02252008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent CRAWFORD, KAREN 1406 S MOODY AVE. TAMPA, FL 33629

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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: _____
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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	

U00000849588
03/21/08-80026-018 61.25

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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 Crawford - Secretary* **2/29/08 813-310-5554**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #