

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005963

FILED
Jan 29, 2009
Secretary of State

Entity Name: BAYSHORE GARDENS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

1406 S MOODY AVE.
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

1406 S MOODY AVE.
TAMPA, FL 33629

New Mailing Address:

FEI Number: 57-1184148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, KAREN
1406 S MOODY AVE.
TAMPA, FL 33629 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: POLLYEA, VICKI
Address: 1311 S MOODY AVE.
City-St-Zip: TAMPA, FL 33629

Title: S () Delete
Name: CRAWFORD, KAREN
Address: 1406 S. MOODY AVE
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: MCMANUS, JENNIFER
Address: 2510 W. PALM DR
City-St-Zip: TAMPA, FL 33629

Title: T () Delete
Name: CARPENTER, RUSTY
Address: 2513 S YSABELLA AVE
City-St-Zip: TAMPA, FL 33629

Title: VP () Delete
Name: ZUSMAN, ELLEN
Address: 1412 S. MOODY AVE
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CARPENTER, RUSTY
Address: 2513 S YSABELLA AVE
City-St-Zip: TAMPA, FL 33629

Title: T (X) Change () Addition
Name: GREENSLADE, PEGGY
Address: 2901 BARCELONA ST
City-St-Zip: TAMPA, FL 33629

Title: VP (X) Change () Addition
Name: HEARN, STEVE
Address: PALM AVENUE
City-St-Zip: TAMPA, FL 33629

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: KAREN CRAWFORD

S

01/29/2009

Electronic Signature of Signing Officer or Director

Date