


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90060 005 ****61.25

DOCUMENT # N06000006777

1. Entity Name
BAYSHORE COURT HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 1813 BAYSHORE WAY
 SUITE A
 CLEARWATER, FL 33760

Mailing Address
 1813 BAYSHORE WAY
 SUITE A
 CLEARWATER, FL 33760



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
20-5390828

Applied For
 Not Applicable

City & State
 Zip Country

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

City & State
 Zip Country

6. Name and Address of Current Registered Agent

CURRY, ANNETTE
 1816 BAYSHORE WAY
 CLEARWATER, FL 33760

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

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	<input type="checkbox"/> Delete
NAME	TENNEY, CHRIS	
STREET ADDRESS	1808 BAYSHORE WAY	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE	V	<input type="checkbox"/> Delete
NAME	CURRY, M. ANNETTE	
STREET ADDRESS	1816 BAYSHORE WAY	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE	T	<input type="checkbox"/> Delete
NAME	KOLITZ, BYRON L	
STREET ADDRESS	1813 BAYSHORE WAY	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE	S	<input type="checkbox"/> Delete
NAME	PATTERSON, VICKI S	
STREET ADDRESS	1812 BAYSHORE WAY	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Byron L Koltz **BYRON L KOLITZ** 1/7/07 **813-639-7060**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #