2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000012783

1. Entity Name
TOWNHOMES AT BAYSHORE OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
731 PENSACOLA BEACH BLVD PENSACOLA BEACH, FL 32561	731 PENSACOLA BEACH BLVD PENSACOLA BEACH, FL 32561

DO NOT WRITE IN THIS SPACE

04172008 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
32-0206148	Not Applicable

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

6. Name and Address of Current Registered Agent

MOORHEAD, STEPHEN R
25 WEST GOVERNMENT STREET
PENSACOLA, FL 32502

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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.   ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STONEBRAKER, SCOTT
STREET ADDRESS	731 PENSACOLA BEACH BLVD
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561
TITLE	VPD
NAME	COOK-COWEN, KAREN
STREET ADDRESS	731 PENSACOLA BEACH BLVD
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561
TITLE	STD
NAME	CLARK, C BAKER JR.
STREET ADDRESS	731 PENSACOLA BEACH BLVD
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/21/08-80100-001 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: 4-25-08   850-450-8073

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