2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N12590

FILED Mar 20, 2003 Secretary of State

Entity Name: BAYSHORE WINDMILL VILLAGE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
603 63RD / V-2	AVE. WEST				
	ON, FL 34207	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
603 63RD /	AVE. WEST				
V-2 BRADENT(ON, FL 34207	US			
FEI Number:	,	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and Address	of New Registered Agent:	
JOHNSON 603 63RD / V-2					
The above in the State		bmits this statement for the pu	urpose of changing its register	ed office or registered agent, or both,	
SIGNATUR					
	Electronic	Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () D MCCORMACK, M 603 63RD AVE W BRADENTON, FL	ARY ′ L-6	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () D VAN DER MUELE 603 63RD AVE W BRADENTON, FL	N, GLADYS ′E-5	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DAT () D JOHNSON, KEITH 603 63RD AVENU BRADENTON, FL	ł K JE WEST V-2	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DAT () D KASE, CHARLES 603 63RD AVE W BRADENTON, FL	' D-7	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS () D HOCKING, MURIE 603 63RD AVENU BRADENTON, FL	EL JE WEST B-20	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AS () D THROOP, BERNIG 603 63RD AVE W BRADENTON, FL	CE (Q-15	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KEITH K. JOHNSON DAT 03/20/2003