

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18499

FILED
Jan 23, 2009
Secretary of State

Entity Name: THE BAYSHORE CLUB, INC.

Current Principal Place of Business:

7123 SOUTH US HWY 1
PORT SAINT LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

7123 SOUTH US HWY 1
PORT SAINT LUCIE, FL 34952 US

New Mailing Address:

FEI Number: 25-1821585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CZEKAJ, CHET
165 SW HAWTHORNE CIR
PORT SAINT LUCIE, FL 34953 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: TD () Delete
Name: CZEKAJ, CHET
Address: 165 SW HAWTHORNE CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: PD () Delete
Name: WINN, MAUREEN
Address: 2904 SE PIER ST
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: SD () Delete
Name: BELL, GORDON
Address: 786 SW LAKEHURST DR.
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D () Delete
Name: DOUGHERTY, SHAUN
Address: 1995 SE CARVALHO ST.
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VD () Delete
Name: BENNETT, RALPH
Address: 10764 GREY HERON CT
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: CUTHBERTSON, JOHN
Address: 175 SE LUCERO DR.
City-St-Zip: PORT SAINT LUCIE, FL 34983

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

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

Title: PD (X) Change () Addition
Name: BENNETT, RALPH
Address: 10764 GREY HERON CT
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: CHET CZEKAJ

TD

01/23/2009

Electronic Signature of Signing Officer or Director

Date