

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18499

FILED  
Jan 21, 2011  
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:** 25-1921585

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CZEKAJ, CHESTER  
165 SW HAWTHORNE CIR  
PORT SAINT LUCIE, FL 34953 US

**Name and Address of New Registered Agent:**

KAVANAGH, GAIL  
7123 SOUTH U.S. HWY 1  
PORT SAINT LUCIE, FL 34952 US

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:** GAIL KAVANAGH

01/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** TD  
**Name:** KAVANAGH, GAIL  
**Address:** 10930 KIMBERFLYD LANE  
**City-St-Zip:** PORT ST LUCIE, FL 34986

**Title:** SD  
**Name:** BECKFORD, MICHELLE  
**Address:** 6012 SUNSET BLVD.  
**City-St-Zip:** FT. PIERCE, FL 34982

**Title:** PD  
**Name:** DOUGHERTY, SHAUN  
**Address:** 2951 SW LUCERNE ST.  
**City-St-Zip:** PORT SAINT LUCIE, FL 34953

**Title:** VD  
**Name:** SPEICHER, CLIFFORD  
**Address:** 2070 SE GLEN RIDGE DR  
**City-St-Zip:** PORT SAINT LUCIE, FL 34952

I hereby 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 all other like empowered.

**SIGNATURE:** GAIL KAVANAGH

TD

01/21/2011

Electronic Signature of Signing Officer or Director

Date