2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 01, 2006 8:00 am Secretary of State DOCUMENT # N22594 1. Entity Name 03-01-2006 90031 044 ****61.25 BAYSHORE OWNERS ASSOCIATON, INC. Mailing Address Principal Place of Business 4000 BAYSHORE DR, STE A 4000 BAYSHORE DR, STE A NAPLES FL 34112-503 NAPLES FL 34112 2. Principal Place of Business 3. Mailing Address 6220 TAY lon Suite, Apt. #, etd. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State Applied For City & State 4. FÉI Number 65-0319024 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VETTER, RICHARD (Street Address (P.O. Box Number is Not Adjeptable) 4000 BAYSHORE DRIVE NAPLES FL 34112 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW. FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS Change TITLE ☐ Delete TITLE ☐ Addition VETTER, RICHARD NAME 10220 Taylor AD, #103 Naples FL 34109 4000 BAYSHORE DRIVE STREET ADDRESS STREET ADDRESS NAPLES FL 34112 CITY-ST-ZIP CITY-S1-ZIP ☐ Delete TITLE ☐ Addition CATHY, HENKE L NAME NAME 21285 EDGEWATER DRIVE STREET ADDRESS STREET ADDRESS PORT CHARLOTTE FL 33952 CITY-ST-7IP CITY-ST-7/P Change TIDE Delete TITLE Addition VETTER, JOSEPH NAME NAME STREET ADDRESS 143 TAHITI RD STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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:

FILED