

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22594

FILED
Jan 20, 2009
Secretary of State

Entity Name: BAYSHORE OWNERS ASSOCIATON, INC.

Current Principal Place of Business:

4000 BAYSHORE DR, STE A
NAPLES, FL 34112503 US

New Principal Place of Business:

Current Mailing Address:

6220 TAYLOR ROAD, #103
NAPLES, FL 34112

New Mailing Address:

FEI Number: 65-0319024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VETTER, RICHARD
6220 TAYLOR RD., #103
NAPLES, FL 34112 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: PST () Delete
Name: VETTER, RICHARD,
Address: 6220 TAYLOR RD., #103
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: CATHY, HENKE L
Address: 21285 EDGEWATER DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: VETTER, JOSEPH,
Address: 143 TAHITI RD
City-St-Zip: MARCO ISLAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: RICHARD VETTER

PST

01/20/2009

Electronic Signature of Signing Officer or Director

Date