

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26381

FILED
Jan 16, 2005
Secretary of State

Entity Name: BAYSHORE BEAUTIFUL HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2931 W ALLINE AVE
TAMPA, FL 33611 US

New Principal Place of Business:

Current Mailing Address:

2931 W ALLINE AVE
TAMPA, FL 33611 US

New Mailing Address:

FEI Number: 59-2894464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUNNIFF, LYNN
2931 W ALLINE AVE
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

CUNNIFF, LYNN TREASUR
2931 W ALLINE AVE
TAMPA, FL 33611 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: LYNN CUNNIFF

01/16/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: CUNNITT, LYNN
Address: 2931 W ALLINE
City-St-Zip: TAMPA, FL 33611 US

Title: PD () Delete
Name: LYON, SUE
Address: 3233 FAIR OAKS
City-St-Zip: TAMPA, FL 33611 US

Title: S () Delete
Name: ZELMAN, ANDREA
Address: 3033 ASBURY PLACE
City-St-Zip: TAMPA, FL 33611 US

Title: 1VP () Delete
Name: HAMMOND, BRIAN
Address: 3807 KENWOOD AVE S.
City-St-Zip: TAMPA, FL 33611 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: CUNNIFF, LYNN TREAS
Address: 2931 W ALLINE
City-St-Zip: TAMPA, FL 33611 US

Title: PD (X) Change () Addition
Name: LYON, SUE PRES
Address: 3233 FAIR OAKS
City-St-Zip: TAMPA, FL 33611 US

Title: S (X) Change () Addition
Name: ALLMAND, PATRICIA SECY
Address: 2935 ALLINE AVE
City-St-Zip: TAMPA, FL 33611 US

Title: 1VP (X) Change () Addition
Name: LEWIS, PATRICIA 1ST VP
Address: 2901 ALLINE AVE
City-St-Zip: TAMPA, FL 33611 US

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: LYNN CUNNIFF

TREA

01/16/2005

Electronic Signature of Signing Officer or Director

Date