

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26381

FILED
Feb 23, 2008
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 TREASUR
2931 W ALLINE AVE
TAMPA, FL 33611 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: CUNNIFF, LYNN TREAS
Address: 2931 W ALLINE
City-St-Zip: TAMPA, FL 33611 US

Title: PD () Delete
Name: HANDLEY, PATRICIA PRES
Address: 2901 W ALLINE AVE
City-St-Zip: TAMPA, FL 33611 US

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

Title: 1VP () Delete
Name: LYON, SUSAN 1ST VP
Address: 3233 W FAIR OAKS AVE
City-St-Zip: TAMPA, FL 33611 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: LAROSA, JUSTIN PRES
Address: 2936 W ALLINE AVE
City-St-Zip: TAMPA, FL 33611 US

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

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

Title: VP () Change (X) Addition
Name: BATTAGLIA, JULIE VP
Address: 3518 W EL PRADO BLVD
City-St-Zip: TAMPA, FL 33611

Title: VP () Change (X) Addition
Name: COUNTS, SLAKE VP
Address: 3604 CONCORDIA ST
City-St-Zip: TAMPA, FL 33611

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: LYNN CUNNIFF

TREA

02/23/2008

Electronic Signature of Signing Officer or Director

Date