


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90058 021 ****61.25

DOCUMENT # N26990 1. Entity Name BAYSHORE MOBILE HOME VILLAGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 15738 BREEZY POINT DR. FORT MYERS, FL 33917 US			Mailing Address 15738 BREEZY POINT DR. FORT MYERS, FL 33917 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01092006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-2840940				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLLING, LEE JAY LEE JAY COLLING & ASSOC P.A. 682 MAITLAND AVE SUITE 2 629 Versailles Dr, Suite 103 ALTAMONTE SPRINGS, FL 32701 Maitland, FL 32751			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ADAMS, EARL 15825 SHELL CREST DR. FORT MYERS, FL 33917	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Shirley Bradford 15998 Blue Skies Dr. North Ft. Myers FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JANSSEN, ROBERT 15738 BREEZY POINT DR. N FORT MYERS, FL 33917	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Judy Maxim 15949 Blue Skies Dr North Fort Myers FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WORMAN, JIM 15962 BLUE SKIES DR. NORTH FORT MYERS, FL 33917	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nick Surian 15965 Blueskies Dr North Ft Myers, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOWEN, GLORIA 15861 SHELL CREST DR. N FT MEYERS, FL 33917	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TRESSEL, CHRISTINE 15913 SANDY POINT DR. N FORT MYERS, FL 33917	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CYR, BOB 15969 BLUE SKIES DR. N. FT. MYERS, FL 33917	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Judy Maxim</u> Judy Maxim <u>2-15-06</u> <u>239-543-6962</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					