FILED Feb 20, 2006 8:00 am Secretary of State 02-20-2006 90058 021 ****61.25

ANNUAL REPORT					
OCLIMENT # N26990					

DOCUMENT # N26990 1. Entity Name BAYSHORE MOBILE HOME VILLAGE HOMEOWNERS ASSOCIATION, INC.								02-20-2	006 9005	58 021 °	****61	.25	
Principal Place 15738 BREE FORT MYERS	EZY POINT DE	R. US	1573	Address 8 BREEEZY POIN MYERS, FL 3391		5		i IGANIBI BI	0001		1/81¢ 81871 818		II II L de 1940
2. Principal P	lace of Busines	ss	3. Maili	ng Address									
Suite, Apt. #, etc. Su			Suit	Suite, Apt. #, etc.			01092006	Chg-NP	CF	R2E037 (11/05)		
City & State	9		City	& State		-		4. FEI Numb 59-284					plied For Applicable
Zip	,	Country	Zip		Cou	intry		5. Certificate	of Status Des	sired		.75 Addi Required	
	6. Name a	nd Address of Current	Registere	d Agent				7. Name and	d Address of	New Regist	ered Age	nt	
						Name							
COLLING, LEE JAY						Street Ac	dress (F	P.O. Box Numb	er is Not Acco	eptable)	•		
		,,	,			City					FL	Zip Code)
	named entity to	submits this statement for red agent.	r the purpo	ose of changing its	register	ed office or	register	ed agent, or bo	oth, in the Stat	e of Florida.	I am fami	iliar with, a	and accept
				•									
SIGNATURE													
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE													
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	Filing Fee Due by Ma	ıy 1, 2006		9. Election Car Trust Fund (Contribut			\$5.00 May it Added to Fees	3	Florida (check pa Departme	ent of St	ate
10.	-		RECTORS	Trust Fund (-		3	Florida (Departme	ent of St	ate
10.	-	ıy 1, 2006	RECTORS		Contribut	ion.	TD	Added to Fees	HANGES TO C	Florida (Departme	ent of St	ate
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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:	Mudu Marum	JudyMaxim	2.15.06	239-543-5966
	SIGNATURE AND TYPED OR PRINTED NAME OF S	GNING OFFICER OR DIRECTOR	Date	Daylime Phone #