

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90006 047 ****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**

H0030411



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02112007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2840940

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COLLING, LEE JAY
LEE JAY COLLING & ASSOC P.A.
529 VERSAILLES DR STE 103
MAITLAND, FL 32751**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
BRADFORD, SHIRLEY
15998 BLUE SKIES DR
FORT MYERS, FL 33917** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
JANSSEN, ROBERT
15738 BREEZY POINT DR.
N FORT MYERS, FL 33917** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SURIAN, NICK
15965 BLUESKIES DR
NORTH FORT MYERS, FL 33917** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
TRESSEL, CHRISTINE
15913 SANDY POINT DR.
N FORT MYERS, FL 33917** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
CYR, BOB
15969 BLUE SKIES DR.
N. FT. MYERS, FL 33917** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D WILSON, LARRY
15763 Balmey Point Dr
NORTH FORT MYERS, FL 33917** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MAXIM, JUDY
15949 BLUE SKIES DR
NORTH FORT MYERS, FL 33917** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TRESSEL, CHRISTINE** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MARTIN, CAROL
15841 SHELLCREST DR
NORTH FORT MYERS, FL 33917** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCGEORGE, DONALD
15818 SHORELINE BLVD
NORTH FT MYERS, FL 33917** ☐ Change ☒ 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: *Shirley Bradford* **SHIRLEY BRADFORD, TREASURER** *2/28/07* *239 543 1837*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #