

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90018 033 \*\*\*\*61.25

<b>DOCUMENT # N26990</b> 1. Entity Name <b>BAYSHORE MOBILE HOME VILLAGE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>15738 BREEZY POINT DR. FORT MYERS, FL 33917 US</b>			Mailing Address <b>15738 BREEZY POINT DR. FORT MYERS, FL 33917 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2840940</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COLLING, LEE JAY LEE JAY COLLING &amp; ASSOC P.A. 529 VERSAILLES DR STE 103 MAITLAND, FL 32751</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>BRADFORD, SHIRLEY</b> <b>15998 BLUE SKIES DR</b> <b>FORT MYERS, FL 33917</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>JUDITH MAXIM</b> <b>15950 BLUE SKIES DRIVE</b> <b>NORTH FT MYERS, FL 33917</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>JANSSEN, ROBERT</b> <b>15738 BREEZY POINT DR.</b> <b>N FORT MYERS, FL 33917</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GAIL OLSOVSKY</b> <b>15970 BLUE SKIES DRIVE</b> <b>NORTH FORT MYERS, FL 33917</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILSON, LARRY</b> <b>15763 BALMY POINT DR</b> <b>NORTH FORT MYERS, FL 33917</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RB</b> <b>BERTA CRAIG</b> <b>15749 BREEZY POINT</b> <b>NORTH FT MYERS, FL 33917</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TRESSEL, CHRISTINE</b> <b>15913 SANDY POINT DR.</b> <b>N FORT MYERS, FL 33917</b>	<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	<b>VP</b> <b>MARTIN, CAROL</b> <b>15841 SHELLCREST DRIVE</b> <b>N. FT. MYERS, FL 33917</b>	<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	<b>D</b> <b>MCGEORGE, DONALD</b> <b>15818 SHORE LINE BLVD</b> <b>NORTH FORT MYERS, FL 33917</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MCGEORGE, DONALD</b> <b>15818 SHORELINE BLVD</b> <b>NORTH FORT MYERS, FL 33917</b>	<input checked="" 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.					
<b>SIGNATURE:</b> <i>Shirley Bradford</i> <b>SHIRLEY BRADFORD</b> 3/15/08 239-543-1837 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					