

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26990

FILED
Feb 26, 2010
Secretary of State

Entity Name: BAYSHORE MOBILE HOME VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

15998 BLUE SKIES DRIVE
N. FORT MYERS, FL 33917 US

New Principal Place of Business:

Current Mailing Address:

15998 BLUE SKIES DRIVE
N. FORT MYERS, FL 33917 US

New Mailing Address:

FEI Number: 59-2840940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLING, LEE JAY
LEE JAY COLLING & ASSOC P.A.
529 VERSAILLES DR STE 103
MAITLAND, FL 32751 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
Name: BRADFORD, SHIRLEY
Address: 15998 BLUE SKIES DR
City-St-Zip: FORT MYERS, FL 33917

Title: PD
Name: MCGEORGE, DON
Address: 15818 SHORELINE BLVD.
City-St-Zip: N FORT MYERS, FL 33917

Title: D
Name: WILSON, RITA
Address: 15901 SANDY POINT DR
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D
Name: OLSOVSKY, GAIL
Address: 15970 BLUE SKIES DR
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: VP
Name: SHAKARJIAN, SIMON
Address: 15938 BLUE SKIES DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: SD
Name: SELLS, BETTY
Address: 15747 BLUE SKIES DR.
City-St-Zip: NORTH FORT MYERS, FL 33917

I hereby 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 all other like empowered.

SIGNATURE: SHIRLEY BRADFORD

TD

02/26/2010

Electronic Signature of Signing Officer or Director

Date