

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N27530

1. Entity Name
BAYSHORE ENCLAVES OWNERS ASSOCIATION, INC.



Principal Place of Business
**2901 B WEST JULIA ST
TAMPA, FL 33629 US**

Mailing Address
**2901 B WEST JULIA ST
TAMPA, FL 33629 US**

FILED
Jul 28, 2008 08:00 AM
Secretary of State



07212008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2274276	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ROBINSON, JOHN C
2901 B WEST JULIA ST
TAMPA, FL 33629**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	ROBINSON, JOHN C
STREET ADDRESS	2901 B WEST JULIA ST
CITY-ST-ZIP	TAMPA, FL 33629

TITLE	STD
NAME	SHEEHAN, TRACY
STREET ADDRESS	2901D WEST JULIA ST
CITY-ST-ZIP	TAMPA, FL 33629

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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07/28/08-80001-009 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

John C. Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/08
Date

813-956-6155
Daytime Phone #