

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # N44438

1. Entity Name -
BAYSHORE TERRACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**PO BOX 12
SAFETY HARBOR, FL 34695**

Mailing Address
**PO BOX 12
SAFETY HARBOR, FL 34695**



03062008 No Chg-NP CR2E037 (4/06)

4. FEI Number **59-3190328** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JENKINS, BARBARA
24 RIDGECROFT LANE
SAFETY HARBOR, FL 34695**

**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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC
JENKINS, BARBARA
24 RIDGECROFT LANE
SAFETY HARBOR, FL 34695**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TRES
HANSON, PAT
11 FRIENDSHIP COURT
SAFETY HARBOR, FL 34695**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ALT
TIGHE, TIM
1204 BROOK WAY
SAFETY HARBOR, FL 34695**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
WALTER, ED
13 FRIENDSHIP COURT
SAFETY HARBOR, FL 34695**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
HERRINGTON, NORMA
12 RIDGECROFT LANE
SAFETY HARBOR, FL 34695**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Patricia Hanson - **PATRICIA HANSON TREASURER 3.6.08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

727.669.2424

U00000953909
03/26/08-90090-004 61.25

**DO NOT WRITE
IN THIS SPACE**