

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29 1996 8:00 am
Secretary of State

DOCUMENT # N93000003052 (8)

1. Corporation Name

BAYSHORE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**17181 TARPON WAY
NORTH FORT MYERS FL 33917**

**17181 TARPON WAY
NORTH FORT MYERS FL 33917**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/09/1993

3a. Date of Last Report

04/21/1995

4. FEI Number

65-0479737

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**LOLLAR, DOROTHY
9651 QUAIL HOLLOW ROAD
NORTH FORT MYERS FL 33917**

81 Name

SAME

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

Vice President
(NOTE: Registered Agent signature required when reinstating)

4-23-96
DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **GRICE, LINDA**
STREET ADDRESS **9550 QUAIL RUN**
CITY-ST-ZIP **NORTH FORT MYERS FL 33917**

TITLE **D** ☐ DELETE

NAME **PRIEST, BILLY L**
STREET ADDRESS **11501 SHIRLEY LANE**
CITY-ST-ZIP **NORTH FORT MYERS FL 33917**

TITLE **D** ☐ DELETE

NAME **BELANGER, LAURINE**
STREET ADDRESS **18154 SANDY PINES CIRCLE**
CITY-ST-ZIP **NORTH FORT MYERS FL 33917**

TITLE **ST** ☐ DELETE

NAME **FORRESTER, JAMES A.**
STREET ADDRESS **19650 HONEYBEAR LANE**
CITY-ST-ZIP **N FT MYERS FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dorothy C. Lollar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-23-96
Daytime Phone # **TALLAHASSEE 481-0802**

CR2E037 (12/95)