LOLLAR, DOROTHY         9651 QUAIL HOLLOW ROAD         NORTH FORT MYERS FL 33917         11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above or registered agent, or both, in the State of Florida. Such change was authorized by the b familiar with, and accept the obligations of, Section 617.0503, Florida Statutes,         SIGNATURE       Image: State of Proceedings of Sections 617.0503, Florida Statutes,         SIGNATURE       Image: State of Proceedings of Sections 617.0503, Florida Statutes,         II.       OFFICERS AND DIRECTORS         12.       OFFICERS AND DIRECTORS         ITILE       D         GRICE, LINDA       12.111         STREET ADDRESS       9550 QUAIL RUN         NOTE: Note: Prove or Liver of the process       13.517	m extions httions htty 81 Name 82 Street Addre 83 84 City	10. Name and Address of New Re SAME ress (P.O. Box Number is Not Acceptable	96 8:00 a / of State 3a. Date of Last 04/21/ \$8.7! 64/21/ \$8.7! Fee \$5.0 Adde tangible tax under s Yes \$3 No gistered Agent	Report 1995 Applied For Not Applicable 5 Additional Required 00 May Be ad to Fees 199.032, 199.032,	
ANNUAL REPORT 1996 1000000000000000000000000000000000000	e ATIONS ATIONS Intry BI Name B2 Street Addre B3 B4 City	Apr 29 199 Secretary	96 8:00 a / of State 3a. Date of Last 04/21/ \$8.7! 64/21/ \$8.7! Fee \$5.0 Adde tangible tax under s Yes \$3 No gistered Agent	Report 1995 Applied For Not Applicable 5 Additional Required 00 May Be ad to Fees 199.032, 199.032,	
DOCUMENT #       N93000003052 (8)         I. Corporation Name       BAYSHORE COMMUNITY ASSOCIATION, INC.         Principal Place of Business       Mailing Address         17181 TARPON WAY       17181 TARPON WAY         NORTH FORT MYERS FL 33917       NORTH FORT MYERS FL 33917         2. Principal Place of Business       2a. Mailing Address         21       2b         Suite, Apt. #, etc.       2a. Mailing Address         21       2b         Suite, Apt. #, etc.       2a. Mailing Address         2a       2a         City & State       2b         2i       2city & State         2i       2b         2i       2b         2i       2b         2i       2b         2i       2b         2i       2city & State         2i       2b         2i       2b         2i       2b         3io       9. Name and Address of Current Registered Agent         LOLLAR, DOROTHY       9651 QUAIL HOLLOW ROAD         NORTH FORT MYERS FL 33917       11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the abover or registered agent, or both, in the State of Florida. Such change was authorized by the D         stantidar with, and accep	ntry B1 Name B2 Street Addre B3 B4 City	Secretary	y of State 3a. Date of Lest 04/21/ \$8.7! \$8.7! \$8.7! \$8.7! \$4.04 \$5.0 Adde tangible tax under s Yes \$3 No gistered Agent \$1	Report 1995 Applied For Not Applicable 5 Additional Required 00 May Be ad to Fees 199.032, 199.032,	
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       25         Suite, Apt. #, etc.       Suite, Apt. #, etc.         22       27         City & State       City & State         23       29         24       25         9. Name and Address of Current Registered Agent         LOLLAR, DOROTHY 9651 QUAIL HOLLOW ROAD NORTH FORT MYERS FL 33917         11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the abor or registered agent, or both, in the State of Florida. Such change was authorized by the D familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the abor or registered agent, or both, in the State of Florida. Such change was authorized by the D familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the abor or registered agent, or both, in the State of Florida. Such change was authorized by the D familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the abor or registered agent, or both, in the State of Florida. Such change was authorized by the D familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the abor of registered agent, or both, in the State of Florida. Such change was authorized by the D familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the abor of registered agent, or both, in the State of Fl	B1   Name     B2   Street Addre     B3     B4   City	A. Date Incorporated or Qualified 07/09/1993     4. FEI Number 65-0479737     5. Certificate of Status Desired     6. Election Campaign Financing Trust Fund Contribution     8. This corporation has liability for in Fkorida Statutes     10. Name and Address of New Re SAME ress (P.O. Box Number is Not Acceptable	3a. Date of Last 04/21/ \$8.79 \$5.0 Adde tangible tax under s Yes [2] No gistered Agent	t Report <b>1995</b> Applied For Not Applicable <b>5</b> Additional Required <b>10</b> May Be ad to Fees 199.032, 199.032,	
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.       27         City & State       28         21       29         22       21         City & State       21         29       20         9. Name and Address of Current Registered Agent         LOLLAR, DOROTHY       29         9651 QUAIL HOLLOW ROAD NORTH FORT MYERS FL 33917         11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the abor or registered agent, or both, in the State of Florida. Such change was authorized by the D familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the abor or registered agent, or both, in the State of Florida. Such change was authorized by the D familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the abor or registered agent, or both, in the State of Florida. Such change was authorized by the D familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the abor of registered agent, or both, in the State of Florida. Such change was authorized by the D familiar with, and accept the obligations of Section 617.0503, Florida Statutes, the abor of registered agent, or both, in the State of Florida. Such change was authorized by the D familiar with, and accept the obligations of Secti	B1   Name     B2   Street Addre     B3     B4   City	<ul> <li>3. Date Incorporated or Qualified 07/09/1993</li> <li>4. FEI Number 65-0479737</li> <li>5. Certificate of Status Desired</li> <li>6. Election Campaign Financing Trust Fund Contribution</li> <li>8. This corporation has liability for in Fkorida Statutes</li> <li>10. Name and Address of New Re SAME ress (P.O. Box Number is Not Acceptable</li> </ul>	3a. Date of Last 04/21/ \$8.7! Fee \$5.0 Adde tangible tax under s Yes S3 No gistered Agent b) FL 85 Z	t Report <b>1995</b> Applied For Not Applicable <b>5</b> Additional Required <b>10</b> May Be ad to Fees 199.032, 199.032,	
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     2b.       Suite, Apt. #, etc.     2a. Mailing Address       22     2b.       City & State     2city & State       23     2city & State       24     25       25     29       26     30       27     Country       28     2a       29     2a       20     2a       21     2b       22     2a       23     2a       24     25       25     2a       26     30       9. Name and Address of Current Registered Agent       LOLLAR, DOROTHY     2b       9651 QUAIL HOLLOW ROAD NORTH FORT MYERS FL 33917       11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the abor or registered agent, or both, in the State of Florida. Such change was authorized by the o familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the abor or registered agent, or both, anne of registered agent and buff applicate       11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the abor or registered agent, or both, in the State of Florida. Such change was authorized by the o familiar with, and accept the ob	B1   Name     B2   Street Addre     B3     B4   City	<ul> <li>3. Date Incorporated or Qualified 07/09/1993</li> <li>4. FEI Number 65-0479737</li> <li>5. Certificate of Status Desired</li> <li>6. Election Campaign Financing Trust Fund Contribution</li> <li>8. This corporation has liability for in Fkorida Statutes</li> <li>10. Name and Address of New Re SAME ress (P.O. Box Number is Not Acceptable</li> </ul>	3a. Date of Last 04/21/ \$8.7! Fee \$5.0 Adde tangible tax under s Yes S3 No gistered Agent b) FL 85 Z	t Report <b>1995</b> Applied For Not Applicable <b>5</b> Additional Required <b>10</b> May Be ad to Fees 199.032, 199.032,	
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NORTH FORT MYERS FL 33917     NORTH FORT MYERS FL 33917       2. Principal Place of Business     2a. Mailing Address       21     26       Suite, Apt. #, etc.     26       22     27       City & State     21       23     28       24     25       29     30       9. Name and Address of Current Registered Agent       LOLLAR, DOROTHY       9651 QUAIL HOLLOW ROAD       NORTH FORT MYERS FL 33917       11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the abor or registered agent, or both, in the State of Florida. Such change was authorized by the of familiar with, and accept the obligations of, Section 67.0503, Florida Statutes, the abor or registered agent, or both, in the State of Florida. Such change was authorized by the of familiar with, pick boligations of, Sections 617.0502 and 617.1508, Florida Statutes, the abor or registered agent, or both, in the State of Florida. Such change was authorized by the of familiar with, pick boligations of, Sections 617.0502 and 617.1508, Florida Statutes, the abor or registered agent, or both, in the State of Florida. Such change was authorized by the of familiar with, pick boligations of, Sections 617.0502 and 617.1508, Florida Statutes, the abor or registered agent, or both, in the State of Florida. Such change was authorized by the of familiar with, pick Boligations of, Sections 617.0502 and 617.1508, Florida Statutes, the abor or registered agent or boligations of, Sections 617.0502, Florida Statutes, the abor of Florida. Such change was authorized by the of familiar heat and the lappicalle.       SIGNATURE     UPTE Regi	B1   Name     B2   Street Addre     B3     B4   City	O7/09/1993     4. FEI Number     65-0479737     5. Certificate of Status Desired     6. Election Campaign Financing     Trust Fund Contribution     8. This corporation has liability for in     Florida Statutes     10. Name and Address of New Re     SAME ress (P.O. Box Number is Not Acceptable	04/21/     Fee     \$8.73     Fee     \$5.0     Adde tangible tax under s     Yes S No gistered Agent	1995 Applied For Not Applicable 5 Additional Required 00 May Be ed to Fees 199.032,	
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23     28       Zip     Country     Zip     Country       24     25     29     30       9. Name and Address of Current Registered Agent     10     10       LOLLAR, DOROTHY     9651 QUAIL HOLLOW ROAD     10       NORTH FORT MYERS FL 33917     11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the abord or registered agent, or both, in the State of Florida. Such change was authorized by the p familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.       SIGNATURE     Image: Statute of projective agent and the flappicable.     (NOTE: Registered agent.       12.     OFFICERS AND DIRECTORS     13.       TITLE     D     Image: DELETE     1.1. the State of Statute agent. and the flappicable.       SIGNATURE     D     Image: DELETE     1.1. the State of Florida. Statute agent. and the flappicable.       12.     OFFICERS AND DIRECTORS     13.       TITLE     D     Image: DELETE     1.1. the State agent.       SIREET ADDRESS     9550 QUAIL RUN     13. Str       SIREET ADDRESS     9550 QUAIL RUN     13. Str       NORTH FORT MYERS FL 33917     14.0	B1   Name     B2   Street Addre     B3     B4   City	Trust Fund Contribution	Adde     tangible tax under s     Yes      Yes     Yes     S     Ro      gistered Agent      FL	ad to Fees	
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Digeneticine. hypod of binning name of registering agent and the name of registering agent and the name of registering.     Vitte Name       12.     OFFICERS AND DIRECTORS     13.       TITLE     D     DELETE     1.1 till       NAME     GRICE, LINDA     1.2 kW       STREET ADDRESS     9550 QUAIL RUN     1.3 str       CITY-ST-ZIP     NORTH FORT MYERS FL 33917     1.4 cpt	ve-named corpora orporation's board	ration submits this statement for the purp rd of directors. I hereby accept the appoint		registered office I agent. I am	
StGNATURE     Utility     Control of printed name of registered agent and the napplotable.     International provided in the provided agent and the napplotable.     International provided in the provided agent and the napplotable.     International provided in the provided agent and the napplotable.     International provided in the provided agent and the napplotable.     International provided in the provided agent and the napplotable.       12.     OFFICERS AND DIRECTORS     13.       TITLE     D     IDELETE     1.1 till       NAME     GRICE, LINDA     1.2 NW       Street address     9550 QUAIL RUN     1.3 street       CITY-ST-ZIP     NORTH FORT MYERS FL 33917     1.4 cm	A	L 11			
12.         OFFICERS AND DIRECTORS         13.           TITLE         D         DELETE         1.1 TIT           NAME         GRICE, LINDA         1.2 MW           STREET ADDRESS         9550 QUAIL RUN         1.3 STR           CITY-ST-ZIP         NORTH FORT MYERS FL 33917         1.4 CIT	execut	- 4	-23-96		
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STREET ADDRESS 9550 QUAIL RUN 1.3 STR CITY-ST-ZIP NORTH FORT MYERS FL 33917 1.4 QT			Change	Addition	
CITY-ST-ZIP NORTH FORT MYERS FL 33917 14 QT	ME REET ADDRESS				
	Y-ST-ZIP				
			Change	Addition	
VAME PRIEST, BILLY L 2.2 NAL STREET ADDRESS 11501 SHIRLEY LANE 2.3 STR	ME REET ADDRESS				
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INTLE D DELETE 3.1 TT		· // · /////	🔲 Change	Addition	
VAME BELANGER, LAURINE	ME				
	HEET ADDRESS				
CITY-ST-ZIP NORTH FURT MYERS FL 33917 34. CI	IY-ST-ZIP LE	· · · · · · · · · · · · · · · · · · ·	Change	Addition	
AAME FORRESTER, JAMES A. 4.2 NA					
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	Y - ST-ZIP				
111LE DELETE 5.1 TÍTI NAME 52 NA			🗖 Change	Addition	
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		., <u> </u>	Change	Addition	
6.2 NAME	VE				
6.3 STREET ADDRESS	EET ADDRESS				
	Y-ST-ZIP	or the evenetion stated in Oralian 140.00		too 16 at	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and o certify that the information indicated on this annual report or supplemental annual report is	ioes not qualify fo	and a second different for the former to the first the second second second second second second second second			
southy that I am an officer or director of the corporation or the receiver or trustee empowere appears in Block 12 or Block 3 if changed, or on an attachment with an address.	As an and a second		da Statutes; and tha	at my name	
SIGNATURE: Jorothy Chiller, V	As an and a second	s report as required by Chapter 617, Flori	MIT. OFT.A		