

FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003052 (8)**

1. Corporation Name

BAYSHORE COMMUNITY ASSOCIATION, INC.



Principal Place of Business 17181 TARPON WAY NORTH FORT MYERS FL 33917	Mailing Address 17181 TARPON WAY NORTH FORT MYERS FL 33917-3740
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 07/09/1993	3a. Date of Last Report 04/29/1996
4. FEI Number 65-0479737	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent LOLLAR, DOROTHY 9651 QUAIL HOLLOW ROAD NORTH FORT MYERS FL 33917	
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10. Name and Address of New Registered Agent	
81 Name Scott B. Upton	
82 Street Address (P.O. Box Number is Not Acceptable) 17181 Tarpon Way	
83	
84 City N.Ft Myers	85 Zip Code FL 33917

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 Scott B. Upton (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRICE, LINDA	1.2 NAME	Aaron Todd Burik
STREET ADDRESS	9550 QUAIL RUN	1.3 STREET ADDRESS	17181 Tarpon Way
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	1.4 CITY-ST-ZIP	N.Ft Myers, FL 33917
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRIEST, BILLY L	2.2 NAME	Dale R. Deleacaas
STREET ADDRESS	11501 SHIRLEY LANE	2.3 STREET ADDRESS	17181 Tarpon Way
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	2.4 CITY-ST-ZIP	N.Ft Myers, FL 33917
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELANGER, LAURINE	3.2 NAME	Scott B. Upton
STREET ADDRESS	18154 SANDY PINES CIRCLE	3.3 STREET ADDRESS	17181 Tarpon Way
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	3.4 CITY-ST-ZIP	N.Ft Myers FL 33917
TITLE	ST <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	FORRESTER, JAMES A.	4.2 NAME	
STREET ADDRESS	19650 HONEYBEAR LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Scott B. Upton REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0056911

CR2E037 (9/96)