

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 01 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT #: **N 93 0000 03052**
 1. Corporation Name
BAYSHORE COMMUNITY ASSOCIATION INC.

100002631881
 -09/04/98--01014--029
 ***61.25

Principal Place of Business		Mailing Address	
17181 TARPON WAY NORTH FT. MYERS, FL. 33917		JAMES A. FOERSTER 19650 HONEY BEAR LN NORTH FT. MYERS, FL. 33917	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21 SAME	26	7-9-93	65-0479737
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	Applied For
23 City & State	28 City & State	<input type="checkbox"/> \$8.75 Additional Fee Required	Not Applicable
24 Zip	29 Country	6. Election Campaign Financing Trust Fund Contribution	7. Is this nonprofit corporation a homeowners association?
25	30	<input type="checkbox"/> \$5.00 May Be Added to Fees	<input type="checkbox"/> Yes <input type="checkbox"/> No
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	JAMES D. BAUCHERT		
82 Street Address (P.O. Box Number is Not Acceptable)	18201 NALLE RD		
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: *Jim Bauchert* DATE: **8-24-98**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PRES JAMES BAUCHERT
1.3 STREET ADDRESS	18201 NALLE RD.
1.4 CITY-ST-ZIP	N. FT. MYERS, FL. 33917
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V. PRES ROBERT SHAW
2.3 STREET ADDRESS	18201 NALLE RD.
2.4 CITY-ST-ZIP	N. FT. MYERS, FL. 33917
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SEC/TREASURER JAMES A. FOERSTER
3.3 STREET ADDRESS	19650 HONEY BEAR LN
3.4 CITY-ST-ZIP	N. FT. MYERS, FL. 33917
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	3YR TRUSTEE LYNN BAUCHERT
4.3 STREET ADDRESS	18201 NALLE RD
4.4 CITY-ST-ZIP	N. FT. MYERS, FL
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	2YR TRUSTEE KATHY BRINKMAN
5.3 STREET ADDRESS	18201 NALLE RD
5.4 CITY-ST-ZIP	N. FT. MYERS, FL. 33917
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	1YR TRUSTEE JOHN GRABOWSKI
6.3 STREET ADDRESS	240 STATE ST.
6.4 CITY-ST-ZIP	N. FT. MYERS, FL.

14. I 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: *James A. Bauchert* DATE: **8-24-98** 941 6936181

CR2E037 (5/98)