

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90117 038 \*\*\*\*61.25

DOCUMENT # N93000003052

1. Corporation Name

BAYSHORE COMMUNITY ASSOCIATION, INC.

Principal Place of Business  
17181 TARPON WAY  
NORTH FORT MYERS FL 33917

Mailing Address  
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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

07/09/1993

22 City & State

27 City & State

4. FEI Number

Applied For  
Not Applicable

65-0479737

23

28

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

24

25

Country

29

30

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAUCHERT, JAMES D  
18901 NALLE RD  
NORTH FORT MYERS FL 33917

81 Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME BAUCHERT, JAMES  
STREET ADDRESS 18901 NALLE RD  
CITY-ST-ZIP N. FT. MYERS FL 33917

1.1 TITLE ☐ Change ☐ Addition

TITLE T ☐ DELETE

NAME BAUCHERT, LYNN  
STREET ADDRESS 18901 NALLE RD  
CITY-ST-ZIP N. FT. MYERS FL

1.2 NAME ☐ Change ☐ Addition

TITLE V ☒ DELETE

NAME SHAW, ROBERT  
STREET ADDRESS 18901 NALLE RD  
CITY-ST-ZIP N. FT. MYERS FL 33917

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE T ☐ DELETE

NAME BRINKMAN, KATHY  
STREET ADDRESS 18901 NALLE RD  
CITY-ST-ZIP N. FT. MYERS FL 33917

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST ☐ DELETE

NAME FOERSTER, JAMES A  
STREET ADDRESS 19650 HONEY BEAR LN  
CITY-ST-ZIP NORTH FORT MYERS FL 33917

2.1 TITLE ☐ Change ☐ Addition

TITLE T ☐ DELETE

NAME GRABOWSKI, JOHN  
STREET ADDRESS 240 STATE ST  
CITY-ST-ZIP N. FT. MYERS FL

2.2 NAME ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

JAMES D. BAUCHERT

4/14/99

941-543-4799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)