

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003052

1. Entity 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 33917-5548

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0479737

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
NAME DANIEL MOYER
STREET ADDRESS 11267 RABUN CREEK DR.
CITY-ST-ZIP N. FT. MYERS, FL 33917

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90005 010 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

3-14-00 941 693 6181