

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003052

FILED  
Apr 20, 2006  
Secretary of State

Entity Name: BAYSHORE COMMUNITY ASSOCIATION, INC.

## Current Principal Place of Business:

17081 TARPON WAY  
NORTH FORT MYERS, FL 33917

## New Principal Place of Business:

17181 TARPON WAY  
NORTH FORT MYERS, FL 33917

## Current Mailing Address:

17081 TARPON WAY  
NORTH FORT MYERS, FL 33917

## New Mailing Address:

17181 TARPON WAY  
NORTH FORT MYERS, FL 33917

FEI Number: 65-0479737

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOWLES, CLYDE  
17081 TARPON WAY  
NORTH FORT MYERS, FL 33917 US

## Name and Address of New Registered Agent:

BOWLES, CLYDE  
17021 CAROLYN LANE  
NORTH FORT MYERS, FL 33917 US

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: CLYDE BOWLES

04/20/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BOWLES, CLYDE  
Address: 17021 CAROLYN LANE  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: VP ( ) Delete  
Name: ASKEW, NANCY  
Address: 17021 UPRIVER DR.  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: S ( ) Delete  
Name: DAVIS, WILLIAM  
Address: 17042 WAYZATA COURT  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: T (X) Delete  
Name: SCHUMACKHER, CHARLIE  
Address: 17021 UPRIVER DR.  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D (X) Delete  
Name: HUNSUCKER, ARCHIE  
Address: 17775 NALLE ROAD  
City-St-Zip: NORTH FORT MYERS, FL 33917

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC (X) Change ( ) Addition  
Name: MILLICAN, ARTHUR  
Address: 17840 WELLSWOOD RD  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: TRES (X) Change ( ) Addition  
Name: FRENCH, JOHN  
Address: 17530 NALLE RD  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLYDE BOWLES

PRES

04/20/2006

Electronic Signature of Signing Officer or Director

Date