

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000004864**

1. Entity Name  
**BAYSHORE RESERVE HOMEOWNERS ASSOCIATION,  
INC.**



Principal Place of Business  
**BAYSHORE VISTA DRIVE  
TAMPA, FL 33611 US**

Mailing Address  
**2915 BAYSHORE VISTA DRIVE  
TAMPA, FL 33611 US**



01242008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3222678**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MENENDEZ, DEBORAH  
2915 BAYSHORE VISTA DR.  
TAMPA, FL 33611**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-26-08**

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
ANDREWS, JOE  
2917 BAYSHORE VISTA DRIVE  
TAMPA, FL 33611**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
TREMONTI, CARL  
2918 BAYSHORE VISTA DR  
TAMPA, FL 33611**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
MENENDEZ, DEBORAH  
2915 BAYSHORE VISTA DR  
TAMPA, FL 33611**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000803494  
02/05/08-80026-031 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AN OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/26/08 813  
839 40**