

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005675

FILED
Jan 29, 2009
Secretary of State

Entity Name: BAY SHORE PLACE AT PARK SHORE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O INTEGRATED PROPERTY MGMT
3435 10TH ST. NORTH, SUITE 201
NAPLES, FL 33940 US

New Principal Place of Business:

Current Mailing Address:

C/O INTEGRATED PROPERTY MGMT.
3435 10TH ST. NORTH, SUITE 201
NAPLES, FL 33940 US

New Mailing Address:

FEI Number: 65-0535491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FALK, STEVEN
ROETZEL AND ADDRESS
850 PARK SHORE DR, TRIANON CENTER 3 FL
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: FEIGHT, DAVID
Address: 4255 GULF SHORE BLVD. N., # 205
City-St-Zip: NAPLES, FL 34103

Title: DVP2 () Delete
Name: DEMAYO, JAMES
Address: 4255 GULF SHORE BLVD. N. #1207
City-St-Zip: NAPLES, FL 34103

Title: DP () Delete
Name: HUSTON, JOHN
Address: 4255 GULF SHORE BLVD. N. 702
City-St-Zip: NAPLES, FL 34103

Title: SD () Delete
Name: DELANDER, NANCY
Address: 4255 GULF SHORE BLVD. N., # 401
City-St-Zip: NAPLES, FL 34103

Title: DVP () Delete
Name: GALLOPO, MARYANN
Address: 4255 GULF SHORE BLVD. N. #1204
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: JOHN HUSTON

DP

01/29/2009

Electronic Signature of Signing Officer or Director

Date