

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000003805 (7)

1. Corporation Name

BAYSHORE CONDOMINIUM OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

333 5TH AVE SUITE 2  
INDIALANTIC FL 32903

333 5TH AVE SUITE 2  
INDIALANTIC FL 32903

3. Date Incorporated or Qualified

08/08/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1009 Atlantic St.

26 1009 Atlantic St.

4. FEI Number

59-332-8681

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1

27 Suite 1

City & State

City & State

23 Melbourne Beach, FL

28 Melbourne Beach, FL

Zip

Country

Zip

Country

24 32951

25 USA

29 32951

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DYER, DAVID W  
325 5TH AVE SUITE 205  
INDIALANTIC FL 32903

81 Name

Peter Flotz

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

1009 Atlantic Street

83

Suite 1

84 City

Melbourne Beach

FL

85 Zip Code  
32951

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 reappointing)

DATE

7/2/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE

NAME FLOTZ, PETER  
STREET ADDRESS 333 5TH AVE SUITE 2  
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE D DELETE

NAME GENONI, JOHN M  
STREET ADDRESS 333 5TH AVE SUITE 2  
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)