

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000004761**

1. Entity Name

HISTORIC BAYVIEW ASSOCIATION, INC.



Principal Place of Business

606 BAYVIEW AVENUE  
CLEARWATER FL 33759  
US

Mailing Address

606 BAYVIEW AVENUE  
CLEARWATER FL 33759  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3391639

Applied For

Not Applicable

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

ALVORD, JACK N  
606 BAYVIEW AVENUE  
CLEARWATER FL 33759

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

SIGNATURE

(Signature of the individual name of registered agent and the if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

FILE NAME STREET ADDRESS CITY ST ZIP	DELETE	FILE NAME STREET ADDRESS CITY ST ZIP	CHANGE	ADDITION
VD GORDON, ROBERT A 607 S BAYVIEW AVE CLEARWATER FL 33759	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
TD SHELLEY, ECKERT 1 KEY CAPRI 411 WEST. TREASURE ISLAND FL 33706	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
SD SORENSEN, EARLY 1332 FAIRWAY DRIVE DUNEDIN FL 34698	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
PD ALVORD, JACK N 606 BAYVIEW AVE. CLEARWATER FL 33759	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

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:

*Jack N. Alvord* JACK N. ALVORD JAN 19 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #