

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90006 007 ****61.25

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

01072006 Chg-NP CR2E037 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

TITLE ☒ ~~VD~~ ☒ Delete
NAME **GORDON, ROBERT A**
STREET ADDRESS **607 S BAYVIEW AVE**
CITY-ST-ZIP **CLEARWATER, FL 33759**

TITLE ☒ ~~TD~~ ☐ Delete
NAME **SHELLEY, ECKERT**
STREET ADDRESS **1 KEY CAPRI 411 WEST.**
CITY-ST-ZIP **TREASURE ISLAND, FL 33706**

TITLE ☒ ~~SD~~ ☐ Delete
NAME **SORENSEN, EARLY**
STREET ADDRESS **1332 FAIRWAY DRIVE**
CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE ☐ ~~PD~~ ☐ Delete
NAME **ALVORD, JACK N**
STREET ADDRESS **606 BAYVIEW AVE.**
CITY-ST-ZIP **CLEARWATER, FL 33759**

TITLE ☐ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ ~~VD~~ ☒ Change ☒ Addition
NAME **JOHN SPENCE**
STREET ADDRESS **8330 ROBINHOOD DR.**
CITY-ST-ZIP **TAMPA, FL 33615**

TITLE ☒ ~~SD~~ ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ ~~TD~~ ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

JACK N. ALVORD **2-26-06** **727 797-4210**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #