


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90166 015 \*\*\*\*61.25

<b>DOCUMENT # N96000001407</b>			
1. Entity Name <b>BAHAMA SHORES NEIGHBORHOOD ASSOCIATION, INC.</b>			
Principal Place of Business <b>8215 BAHAMA SHORES DR. SOUTH ST PETERSBURG, FL 33705</b>		Mailing Address <b>128 59TH AVE. SOUTH ST PETERSBURG, FL 33705</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>110 59th Ave. So. Suite, Apt. #, etc. St. Petersburg, FL City &amp; State 33705 Zip Country USA</b>	
4. FEI Number <b>20-1924684</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name <b>Kathryn P. Rawson</b> Street Address (P.O. Box Number is Not Acceptable) <b>110 59th Ave. So.</b> City <b>St. Petersburg</b> FL Zip Code <b>33705</b>			
6. Name and Address of Current Registered Agent GILL, ANDREW 128 59TH AVE. SOUTH ST PETERSBURG, FL 33705			
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 <b>Kathryn P. Rawson</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when resigning)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MICHAELS, KATHY 6215 BAHAMA SHORES DR. SOUTH ST. PETERSBURG, FL 33705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joe Brown 321 60th Ave S. St. Pete 33705 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHEWS, PATTY 8108 3RD ST SOUTH ST PETERSBURG, FL 33705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Guy Cooper 6331 Bahama Shores Dr. So. St. Petersburg, FL 33705 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC KING, HELEN 6311 BAHAMA SHORES DR. SOUTH ST PETERSBURG, FL 33705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dave Kiewit 5901 3rd St S St. Petersburg, FL 33705 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA GILL, ANDREW 128 59TH AVE SOUTH ST PETERSBURG, FL 33705 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ol Wark 5920 4th St S St. Petersburg, FL 33705 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKS, DONNA SUE 5819 3RD ST SOUTH ST. PETERSBURG, FL 33705 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pam Gaylore 6000 2nd St. S. St. Petersburg, FL 33705 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAWSON, KITTY 110 59TH AVE SOUTH ST. PETERSBURG, FL 33705 <input type="checkbox"/> Delete	TITLE 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: <b>Kathryn P. Rawson</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>04.16.07</b> 927.501.3653 <small>Daytime Phone #</small>	

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