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FILED
Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001686 (2)**

1. Corporation Name

BAYSHORE HOUSING CORPORATION



Principal Place of Business 19 CHESTNUT AVE SUITE 14 FT WALTON BEACH FL 32548	Mailing Address 19 CHESTNUT AVE SUITE 14 FT WALTON BEACH FL 32548-5657
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3. Date Incorporated or Qualified 03/13/1996	3a. Date of Last Report
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2. Principal Place of Business 21 348 MIRACLE SPRING PKWY Suite, Apt. #, etc. 22 13 City & State 23 FT WALTON BEACH, FL Zip 24 32548 Country 25 USA	2a. Mailing Address 26 348 MIRACLE SPRING PKWY Suite, Apt. #, etc. 27 13 City & State 28 FT WALTON BEACH, FL Zip 29 32548 Country 30 USA
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4. FEI Number 59-3411499	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

KENT, MICHAEL G
~~19 CHESTNUT AVE SUITE 14~~
FT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	348 MIRACLE SPRING PKWY
83	SUITE 13
84 City	FT WALTON BEACH FL
85 Zip Code	32548

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]* **MICHAEL G KENT** DATE: **3/14/97**

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	HOLT, ELLEN
STREET ADDRESS	1170 MARTIN LUTHER KING JR BLVD BLDG 7
CITY - ST - ZIP	FT WALTON BEACH FL 32548
TITLE	D <input type="checkbox"/> DELETE
NAME	PEARCE, BEN
STREET ADDRESS	1544 N BEAL EXTENSION
CITY - ST - ZIP	FT WALTON BEACH FL 32548
TITLE	D <input type="checkbox"/> DELETE
NAME	WRIGHT, LAURA
STREET ADDRESS	110 PERRY AVE
CITY - ST - ZIP	FT WALTON BEACH FL 32548
TITLE	AS <input type="checkbox"/> DELETE
NAME	MICHAEL G KENT
STREET ADDRESS	348 MIRACLE SPRING PKWY, SUITE 13
CITY - ST - ZIP	FT WALTON BEACH, FL 32548
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRADLEY KENDRICK
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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]* **MICHAEL G KENT** DATE: **3/14/97** DAYTIME PHONE # **904-664-6000**

CR2E037 (9/96)