

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90089 045 ****61.25

DOCUMENT # N96000001686

1. Entity Name
 BAYSHORE HOUSING CORPORATION



Principal Place of Business
 110 PERRY AVE.
 FT WALTON BEACH, FL 32548 US

Mailing Address
 110 PERRY AVE.
 SUITE 13
 FT WALTON BEACH, FL 32548 US

50005411



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3411499	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, LAURA B
 110 PERRY AVE.
 FT WALTON BCH, FL 32548

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee Is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PEARCE, BEN
STREET ADDRESS	551 MOONEY RD
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	DS
NAME	WRIGHT, LAURA
STREET ADDRESS	110 PERRY AVE
CITY-ST-ZIP	FT WALTON BEACH, FL 32548
TITLE	DP D
NAME	SUNNARBORG, PATTY
STREET ADDRESS	1170 MARTIN LUTER KING JR BLVD. BLDG. 7
CITY-ST-ZIP	FT. WALTON BEACH, FL 32547
TITLE	DVP
NAME	WILCOX, CYNTHIA A
STREET ADDRESS	110 PERRY AVE
CITY-ST-ZIP	FT WALTON BEACH, FL 32548
TITLE	D
NAME	ROBERT COLE
STREET ADDRESS	200 WILLING ST
CITY-ST-ZIP	MILTON, FL 32570
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Laura B Wright
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 4, 2005 (850) 244-2116
 Date Daytime Phone #