

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001686

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: BAYSHORE HOUSING CORPORATION

## Current Principal Place of Business:

110 PERRY AVE.  
FT WALTON BEACH, FL 32548 US

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

205 BROOKS ST.  
STE 201  
FT WALTON BEACH, FL 32548 US

FEI Number: 59-3411499

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

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.

SIGNATURE:

03/27/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: PEARCE, BEN  
Address: 551 MOONEY RD  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: DS ( ) Delete  
Name: WRIGHT, LAURA  
Address: 110 PERRY AVE  
City-St-Zip: FT WALTON BEACH, FL 32548

Title: DV ( ) Delete  
Name: WILCOX, CYNTHIA A  
Address: 110 PERRY AVE  
City-St-Zip: FT WALTON BEACH, FL 32548

Title: D ( ) Delete  
Name: COLE, ROBERT  
Address: 200 WILLING ST  
City-St-Zip: MILTON, FL 32570

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: WRIGHT, LAURA  
Address: 110 PERRY AVE SE  
City-St-Zip: FT WALTON BEACH, FL 32548

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA B WRIGHT

DS

03/27/2009

Electronic Signature of Signing Officer or Director

Date