


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90051 047 ****61.25

DOCUMENT # N96000005656 1. Entity Name BAYSHORE WALK PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 2920 W EL PRADO BLVD #15 TAMPA, FL 33629 US			Mailing Address 2920 W EL PRADO BLVD #15 TAMPA, FL 33629 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent NEWCOMBE, DAVID 2920 W EL PRADO #2 TAMPA, FL 33629				7. Name and Address of New Registered Agent Name DICKIE, Mary W. Street Address (P.O. Box Number is Not Acceptable) 2920 W. EL PRADO BLVD. #10 City Tampa FL Zip Code 33629	
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 <u>Mary W. Dickie</u> <u>Treasurer</u> <u>1/26/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</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 P NAME NICHOLS, CHARLES JR STREET ADDRESS 2920 W EL PRADO BLVD #9 CITY-ST-ZIP TAMPA, FL 33629	<input type="checkbox"/> Delete		TITLE T NAME DICKIE, MARY W. STREET ADDRESS 2920 W. EL PRADO BLVD. #10 CITY-ST-ZIP Tampa, FL 33629	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME NEWCOMBE, DAVID STREET ADDRESS 2920 W. EL PRADO BLVD. #2 CITY-ST-ZIP TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete		TITLE VP NAME NEWCOMBE, David STREET ADDRESS 2920 W. EL PRADO BLVD. #2 CITY-ST-ZIP TAMPA, FL 33629	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME MORE, RAYMOND STREET ADDRESS 2920 W EL PRADO BLVD #13 CITY-ST-ZIP TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete		TITLE S NAME WILSON, ASHLEY STREET ADDRESS 2920 W. EL PRADO BLVD. #5 CITY-ST-ZIP TAMPA, FL 33629	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME STONE, SHARILYNN STREET ADDRESS 2920 W. EL PRADO BLVD#8 CITY-ST-ZIP TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete		TITLE S NAME WILSON, ASHLEY STREET ADDRESS 2920 W. EL PRADO BLVD. #5 CITY-ST-ZIP TAMPA, FL 33629	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME STONE, SHARILYNN STREET ADDRESS 2920 W. EL PRADO BLVD#8 CITY-ST-ZIP TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete		TITLE S NAME WILSON, ASHLEY STREET ADDRESS 2920 W. EL PRADO BLVD. #5 CITY-ST-ZIP TAMPA, FL 33629	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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: <u>Mary W. Dickie</u> <u>MARY W. DICKIE</u> <u>1/26/07</u> <u>813-839-2980</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					