2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006
Secretary of State

DOCUMENT# N98000005567

Entity Name: BAYSHORE POINTE MASTER ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3578371 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
% SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RICHMOND, CRAIG
Address: 2937 POINTVIEW DR
City-St-Zip: TAMPA, FL 33611

Title: VPD ( ) Delete
Name: DEACY, MIKE
Address: 2924 BAYSHORE POINTE DR
City-St-Zip: TAMPA, FL 33611

Title: SD ( ) Delete
Name: LIBERATOR, LEE
Address: 2950 BAYSHORE POINTE DR
City-St-Zip: TAMPA, FL 33611

Title: TD ( ) Delete
Name: FALLON, MAX
Address: 2921 POINTEVIEW DR
City-St-Zip: TAMPA, FL 33611

Title: D ( ) Delete
Name: PENA, WENDI
Address: 2943 BAYSHORE POINTE DR
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GARCIA, ANDY
Address: 4532 W KENNEDY BLVD #310
City-St-Zip: TAMPA, FL 33609

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

Title: SD (X) Change ( ) Addition
Name: COTIER, BONNIE
Address: 2922 BAYSHORE POINTE DR
City-St-Zip: TAMPA, FL 33611

Title: TD (X) Change ( ) Addition
Name: BILL, LIBERATOR
Address: 2934 POINTEVIEW DR
City-St-Zip: TAMPA, FL 33611

Title: D (X) Change ( ) Addition
Name: RAMADAN, SAMI
Address: 2970 BAYSHORE POINTE DR
City-St-Zip: TAMPA, FL 33611

I hereby certify that the information supplied with this filing does not qualify for the 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: ANDY GARCIA PD 02/27/2006

Electronic Signature of Signing Officer or Director — Date