2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005660

Apr 17, 2009 Secretary of State

Entity Name: BAYSHORE TOWNHOUSES OF PINELLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 7300 PARK STREET 28100 U.S. HWY. 19 N SEMINOLE, FL 33777 205 CLEARWATER, FL 33761 **Current Mailing Address: New Mailing Address:** 28100 U.S. HWY. 19 N 7300 PARK STREET SEMINOLE, FL 33777 CLEARWATER, FL 33761 FEI Number: 59-3539868 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RESOURCE PROPERTY RESOURCE PROPERTY 7300 PARK STREET 28100 U.S. HWY, 19 N. SEMINOLE, FL 33777 CLEARWATER, FL 33761 US 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: 04/17/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VPD () Delete (X) Change () Addition CUZZOLA, VALERIE CUZZOLA, VALERIE Name: Name: 3112 OYSTER BAYOU WAY Address: 3112 OYSTER BAYOU WAY Address: City-St-Zip: CLEARWATER, FL 33759 City-St-Zip: CLEARWATER, FL 33759 Title: PD Title: (X) Change () Addition () Delete JOY, BRENT Name: SANDY, CURRY Name: Address: 3110 OYSTER BAYOU WAY Address: 3162 OYSTER BAYOU WAY City-St-Zip: CLEARWATER, FL 33759 City-St-Zip: CLEARWATER, FL 33759 Title: () Delete Title: (X) Change () Addition HARDER, STEFANIE HARDER, STEFANIE Name: Name: Address: 35 ESTUARY TRAIL Address: 35 ESTUARY TRAIL City-St-Zip: CLEARWATER, FL 33759 City-St-Zip: CLEARWATER, FL 33759 Title: () Delete Title: DS () Change (X) Addition PAUL, GASCA Name: Name: Address: Address: 40 SEAGRAPE CIR. City-St-Zip: City-St-Zip: CLEARWATER, FL 33759 Title: () Delete Title: () Change (X) Addition DENNINGTON, BRIAN Name: Name: 38 SEAGRAPE CIRCLE Address: Address: City-St-Zip: City-St-Zip: CLEARWATER, FL 33759

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: SANDY CURRY DP 04/17/2009