

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000087952

1. Entity Name
BAYSHORE REAL ESTATE GROUP, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 13 PM 2:58

Principal Place of Business
12230 ORANGE BOULEVARD
WEST PALM BEACH, FL 33412

Mailing Address
12230 ORANGE BOULEVARD
WEST PALM BEACH, FL 33412



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06112006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
65-0964043

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILLEY & WYANT-CORTEZ, P.A.
860 US HIGHWAY ONE
SUITE 108
NORTH PALM BEACH, FL 33408

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PEERS, DAVID
12230 ORANGE BLVD
WEST PALM BEACH, FL 33412 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
CRUZ-NICHIPOR, PRISCILLA
9194 OLMSTEAD DR
LAKE WORTH, FL 33467 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
CAVALLO, JOHN A.
12230 ORANGE BLVD.
WEST PALM BEACH, FL 33412 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/06 (561) 793-0246 X32

Date

Daytime Phone