

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000006777

**Entity Name:** BAYSHORE COURT HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 20, 2017**  
**Secretary of State**  
**CC6501254187**

**Current Principal Place of Business:**

1813 BAYSHORE WAY  
SUITE A  
CLEARWATER, FL 33760

**Current Mailing Address:**

1813 BAYSHORE WAY  
SUITE A  
CLEARWATER, FL 33760

**FEI Number: 20-5390828**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KOLITZ, BYRON  
1813 BAYSHORE WAY SUITE A  
CLEARWATER, FL 33760 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name CLADAS, MISTY  
Address 1813 BAYSHORE WAY  
SUITE A  
City-State-Zip: CLEARWATER FL 33760

Title VP  
Name BLOKER, MELISSA  
Address 1818 BAYSHORE WAY  
SUITE A  
City-State-Zip: CLEARWATER FL 33760

Title S  
Name KOLITZ, BYRON  
Address 1813 BAYSHORE WAY SUITE A  
City-State-Zip: CLEARWATER FL 33760

Title T  
Name KOLITZ, BYRON  
Address 1813 BAYSHORE WAY SUITE A  
City-State-Zip: CLEARWATER FL 33760

*I hereby 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 all other like empowered.*

**SIGNATURE: BYRON KOLITZ**

**SECRETARY**

**03/20/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date