## 3-3-9 FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 749516

1. Corporation Name

(1)

FILED
Mar 03 1997 8:00am
Secretary of State

BAYSHORE TOWERS CONDOMINIUM ASSOCIATION, INC.										
Principal Plac	e of Business	Mailing Address						<b>  </b>		## <b>#  #</b>
4015 BAYSHORE BLVD. 4015 BAYSHORE BLVD. TAMPA FL 33611-1705										
						3. Date Incorporated or 10/25/1979	Qualified 3a	Date of 04/1	Last Re 0/199	
2. Principal P	2a. Mailing Address 26	ailing Address			4. FEI Number 59-2176185		Applied For Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status D	esired		<del></del>	dditional	
City & State		City & State			6. Election Campaign Fi		9 <b>\$5.00</b> May Be			
<b>23</b> Zip	Country	28 Z <sub>IP</sub>	Cou	ntry	·	Trust Fund Contribution 8. This corporation has l	iability for intang	ible tax u	nder s.	
24	25	29	30			Florida Statutes	Yes			
	9. Name and Address of Curre	nt Hegistered Agent		81	Nau	10. Name and Address	ot New Register	ed Agen	<u> </u>	
LINIOOD	ALOPOMORO INO				Name					
UNICORN SERVICES, INC. 6403 S. CLARK				82 Street Address (P.O. Box Number is Not Acceptable)						
TAMPA I	FL 33616			63		,				
				84	City			EL 85	Zip (	ode
office or r agent. I a SIGNATURE	registered agent, or both, in the Statem familiar with, and accept the oblig Signature, typed or profed name of registered ag					ration's board of directors. I he	reby accept the		ent as	registered
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES	TO OFFICERS	AND DIR	ECTOR	S IN 12
TITLE	PT	DELETE	1.1 TI	TLE					hange	Addition
NAME	DUVAC, RON		1.2 NA							
STREET ADDRESS	4-15 BAYSHORE BLVD				ADDRESS					
CITY - ST - ZIP	TAMPA FL	M priere	1.4 Ci		1-21P	445			·	Addition
TITLE	D Stone, Richard	DELETE	2.1 10		-	VPD	~ ^ ~ ~	L.,) (	hange	TAT Addition
NAME STREET ADDRESS	4015 BAYSHRE BLVD	,	2.2 NA 2.3 ST		ADDDECC C	ANDREW LA	NDREW PRESCOTT			
City-ST-ZIP		TALINE FI		2.3 STREET ADDRESS 90 2.4 CITY-ST-ZIP		TAMES PL	3361	1		
TITLE	VP	DELETE	3.1 TI			75		<b>,</b> —	hange	Addition
NAME	QUESADA, JOHN	/\	3.2 NA	NME.		SIRI KJELLA	40			
STREET ADORESS	4015 BAYSHORE 10F			REET.	ADDRESS	TIRI KJELLAI YOIS BRYSH TAMPA PL	or =			
CITY-ST-ZIP	TAMPA FL	DELETE			T-ZIP	TAMPA FL	33611	——————————————————————————————————————	hanaa	☐ Addition
TITLE	SD CACCE MADY	☐ DELETE	4.1 Til					L., (	hange	Addition
NAME Proces appeared	SASSE, MARY									
STREET ADDRESS	I ANSE BAVGMINDE BLVIN NEL.			AME	, annoraa	:				
L CITY OF BID	4015 BAYSHORE BLVD 05C		4.3 51	REET	ADDRESS .	4 2				
CITY-S1-ZIP	TAMPA FL	☐ DELETE	4.3 ST 4.4 CI	REET TY-SI	1	:			Change	Addition
TITLE	TAMPA FL D	DELETE	4.3 ST 4.4 CI 5.1 TI	TY-SI	1	:			Change	Addition
TITLE NAME	TAMPA FL D TOSELLI, ADA	DELETE	4.3 ST 4.4 CI 5.1 TI 5.2 N/	TY-SI TLE NME	T - 21P				Change	Addition
TITLE	TAMPA FL D TOSELLI, ADA 4015 BAYSHORE BLVD	DELETE	4.3 ST 4.4 CI 5.1 TI 5.2 N/ 5.3 ST	TY-ST TLE AME	T-ZIP ADDRESS				Change	Addition
NAME STREET ADDRESS	TAMPA FL D TOSELLI, ADA	☐ DELETE	4.3 ST 4.4 CI 5.1 TI 5.2 N/	TY-SI TLE AME TREET	T-ZIP ADDRESS				Change Change	Addition  Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAMPA FL D TOSELLI, ADA 4015 BAYSHORE BLVD		4.3 ST 4.4 CI 5.1 TI 5.2 N/ 5.3 ST 5.4 CI	TY-S) TLE AME TY-S1 TLE TY-S1	T-ZIP ADDRESS				<u>-</u>	
TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	TAMPA FL D TOSELLI, ADA 4015 BAYSHORE BLVD		4.3 ST 4.4 CI 5.1 TI 5.2 N/ 5.3 ST 5.4 CI 6.1 TI 6.2 N/	TREET , TLE AME TY-ST TLE TY-ST TLE	T-ZIP ADDRESS				<u>-</u>	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: KONAUD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2/1/97

Daytime Phone # 00479