

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749516 (1)
1. Corporation Name
BAYSHORE TOWERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 4015 BAYSHORE BLVD. TAMPA FL 33611
Mailing Address: 4015 BAYSHORE BLVD. TAMPA FL 33611

3. Date Incorporated or Qualified: 10/25/1979
4. FEI Number: 59-2176185
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
UNICORN SERVICES, INC.
6403 S. CLARK
TAMPA FL 33618

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT DUVAC, RON	<input type="checkbox"/> DELETE	11 TITLE
NAME	4-15 BAYSHORE BLVD		12 NAME
STREET ADDRESS	TAMPA FL		13 STREET ADDRESS
CITY-ST-ZIP			14 CITY-ST-ZIP
TITLE	VPD PRESCOTT, ANDREW	<input type="checkbox"/> DELETE	21 TITLE
NAME	4015 BAYSHORE		22 NAME
STREET ADDRESS	TAMPA FL		23 STREET ADDRESS
CITY-ST-ZIP			24 CITY-ST-ZIP
TITLE	D KJELLAND, SIRI	<input type="checkbox"/> DELETE	31 TITLE
NAME	4015 BAYSHORE		32 NAME
STREET ADDRESS	TAMPA FL		33 STREET ADDRESS
CITY-ST-ZIP			34 CITY-ST-ZIP
TITLE	SD SASSE, MARY	<input checked="" type="checkbox"/> DELETE	41 TITLE
NAME	4015 BAYSHORE BLVD 05C		42 NAME
STREET ADDRESS	TAMPA FL		43 STREET ADDRESS
CITY-ST-ZIP			44 CITY-ST-ZIP
TITLE	D TOSELLI, ADA	<input type="checkbox"/> DELETE	51 TITLE
NAME	4015 BAYSHORE BLVD		52 NAME
STREET ADDRESS	TAMPA FL		53 STREET ADDRESS
CITY-ST-ZIP			54 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	61 TITLE
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY-ST-ZIP			64 CITY-ST-ZIP

<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	RON DUVAL
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	S
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	LORRING RILEY 4015 BAYSHORE TAMPA FL 33611
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I 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: _____

CR2E037 (10/97)