

FILE NOW: FILING FEE IS \$61.25

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Mar 16, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749516

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



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) 3. Date Incorporated or Qualified (10/25/1979) 4. FEI Number (59-2176185) Applied For () Not Applicable () 5. Certificate of Status Desired () \$8.75 Additional Fee Required 6. Election Campaign Financing () Trust Fund Contribution () \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
UNICORN SERVICES, INC.
6403 S. CLARK
TAMPA FL 33616

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUVAL, RON	1 2 NAME	
STREET ADDRESS	4-15 BAYSHORE BLVD	1 3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1 4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESCOTT, ANDREW	2 2 NAME	
STREET ADDRESS	4015 BAYSHORE	2 3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2 4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KJELLAND, SIRI	3 2 NAME	
STREET ADDRESS	4015 BAYSHORE	3 3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3 4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILEY, LORRINE	4 2 NAME	
STREET ADDRESS	4015 BAYSHORE	4 3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33611	4 4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOSELLI, ADA	5 2 NAME	
STREET ADDRESS	4015 BAYSHORE BLVD	5 3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: _____ Date: 3/9/99

CR2E037 (11/98)