

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 760591
1. Corporation Name

TAMPA BAYSHORE VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: **2207 CAROLINA TAMPA, FL. 33629**
Mailing Address: **1411 N. WESTSHORE BLVD SUITE 310 Tampa, Fl. 33607**

3. Date Incorporated or Qualified	3a. Date of Last Report
4. FEI Number 59-2421962	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
LARRY FRANKLIN
2207 CAROLINA #13
TAMPA, FL. 33629

10. Name and Address of New Registered Agent
81. Name: UNIQUE PROPERTY SERVICES, INC.
82. Street Address (P.O. Box Number is Not Acceptable): 1411 N. WESTSHORE BLVD, STE 310
83. City: TAMPA, FL 85. Zip Code: 33607

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: **DIANNE D. BLAKE/CAM** *Dianne D Blake* **4/26/96**
Signature, typed or printed name of registered agent, and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY FRANKLIN	1.2 NAME	
STREET ADDRESS	2207 CAROLINA #13	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL. 33629	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM DRISCOLL	2.2 NAME	
STREET ADDRESS	5200 MARINA #203	2.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, Fl. 33609	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM GIDDENS	3.2 NAME	
STREET ADDRESS	2207 CAROLINA #20	3.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, Fl. 33629	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL MARTIN	4.2 NAME	
STREET ADDRESS	106 ADRIATIC AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL. 33606	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	500001852305
STREET ADDRESS		5.3 STREET ADDRESS	-06/05/96--01093--013
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***61.25
TITLE		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	

500001852305
-06/05/96--01093--013
*****61.25**

CE 5-1-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **LARRY FRANKLIN, PD** *Larry Franklin* **4/26/96** **813-286 7549**
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)