

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 760591 (8)
1. Corporation Name
TAMPA BAYSHORE VILLAS CONDOMINIUM ASSOCIATION, I NC.



Principal Place of Business: 2207 CAROLINA AVENUE TAMPA FL 33629
Mailing Address: 1411 N. WESTSHORE BLVD. TAMPA FL 33607-4515 US

3. Date Incorporated or Qualified: 11/04/1981
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country

4. FEI Number: 59-2421962
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
UNIQUE PROPERTY SERVICES INC.
1411 N. WESTSHORE BLVD
SUITE 310
TAMPA FL 33607

10. Name and Address of New Registered Agent
81. Name: DIANNE D. BLAKE
82. Street Address (P.O. Box Number is Not Acceptable): UNIQUE PROPERTY SER
83. City, State, Zip: 1411 N. WESTSHORE BLVD Suite 310 TAMPA FL 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
Signature typed or printed name of registered agent and state if applicable (NOTE: Registered Agent Signature required when reinstating)
DATE: 5/1/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	LARRY FRANKLIN 2207 CAROLINA #13 TAMPA FL 33629	<input type="checkbox"/> DELETE	1.1 TITLE: PD 1.2 NAME: WILLIAM DRISCOLL 1.3 STREET ADDRESS: 5200 MARINA # 203 1.4 CITY-ST-ZIP: TAMPA, FL 33609
TITLE: SD	MARTIN, CAROL A. 106 ADRIATIC AVENUE TAMPA FL	<input type="checkbox"/> DELETE	2.1 TITLE: VP 2.2 NAME: NANCY GOETZ 2.3 STREET ADDRESS: 2207 CAROLINA #19 2.4 CITY-ST-ZIP: TAMPA, FL 33629
TITLE: VD	WILLIAM DRISCOLL 5200 MARINA #203 TAMPA FL 33609	<input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD	WILLIAMS GIBBONS 2207 CAROLINA #20 TAMPA FL 33629	<input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE			5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE			6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: _____ Daytime Phone # 0047554

CR2E037 (9/96)