


FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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3. Date Incorporated or Qualified
11/04/1981

4. FEI Number 59-2421962	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. 115 S. DALE MARRY HWY
22. City & State	27. Suite, Apt. #, etc. SUITE 300
23. Zip	28. City & State TAMPA, FLORIDA
24. Country	29. Zip 33609
	30. Country USA

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

9. Name and Address of Current Registered Agent

**BLAKE, DIANNE
4411 N WESTSHORE BLVD.
STE 310
TAMPA FL 33607**

10. Name and Address of New Registered Agent

81. Name	DIANNE BLAKE
82. Street Address (P.O. Box Number is Not Acceptable)	115 S. DALE MARRY
83. Suite, Apt. #, etc.	SUITE 300
84. City	TAMPA
85. State	FL
86. Zip Code	33609

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRISCOLL, WILLIAM	1.2 NAME	GOETZ, NANCY
STREET ADDRESS	5200 MARINA STE 203	1.3 STREET ADDRESS	2207 CAROLINA #19
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA, FL 33629
	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP	2.2 NAME	MARSHA WGBB
NAME	GOETZ, NANCY	2.3 STREET ADDRESS	2207 CAROLINA #31
STREET ADDRESS	2207 CAROLINA STE 19	2.4 CITY-ST-ZIP	TAMPA FL 33629
CITY-ST-ZIP	TAMPA FL		
	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD	3.2 NAME	MARTIN, CAROL
NAME	WILLIAM DRISCOLL	3.3 STREET ADDRESS	106 A DRIATIC
STREET ADDRESS	5200 MARINA #203	3.4 CITY-ST-ZIP	TAMPA FL 33606
CITY-ST-ZIP	TAMPA FL 33609		
	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD	4.2 NAME	
NAME	WILLIAMS GIBBONS	4.3 STREET ADDRESS	
STREET ADDRESS	2207 CAROLINA #20	4.4 CITY-ST-ZIP	
CITY-ST-ZIP	TAMPA FL 33629		
	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP			
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY-ST-ZIP	
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.

SIGNATURE: *Carol A. Martin* 4/29/98

CFR2E037 (10/97)