2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED DOCUMENT # 760591 Mar 24, 2000 8:00 am Secretary of State 1. Entity Name TAMPA BAYSHORE VILLAS CONDOMINIUM: ASSOCIATION, I 03-24-2000 90107 050 ****61 25 Principal Place of Business Mailing Address 2207 CAROLINA AVENUE 115 S. DALE MABRY HWY TAMPA FL 33629 Suffe 300 TAMPA FL 33609-2845 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2421962 Not Applicable Zip Country \$8,75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BLAKE, DIANNE 115 S. DALE MABRY SUITE 300 Zip Code City **TAMPA FL 33609** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition ☐ Delete TITLE TITLE WEBB, MARSHA NAME NAME STREET ADDRESS STREET ADDRESS 2207 CAROLINA #31 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33629** TITLE ☐ Change **Addition** TITLE Qelete FRANKLIN LARRY GOETZ, NANCY NAME NAME 147 FRESH DR STREET ADDRESS STREET ADDRESS 2207 CAROLINA STE 19 CITY-ST-ZIP CITY-ST-7IP TAMPA FL 33629 ☐ Change Addition SD THILE TITLE ☐ Delete MARTIN, CAROL NAME STREET ADDRESS 106 ADRIATIC STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33606 ☐ Change Addition TITLE TITLE ☐ Delete WILLIAMS GIBBONS NAME STREET ADDRESS STREET ADDRESS 2207 CAROLINA #20 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33629** TITLE Change Addition ÎME ☐ Delete VAME NAME STREET ADDRESS STREET ADDRESS OITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ITLE ☐ Delete TITLE VAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VITY-ST-ZIP 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 report or supplemental 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 10 or Block 11 if changed, or one an attachment with an address, with all other like empowered.