

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90172 007 ****70.00

DOCUMENT # 760591

1. Entity Name

TAMPA BAYSHORE VILLAS CONDOMINIUM ASSOCIATION, I

Principal Place of Business

Mailing Address

2207 CAROLINA AVENUE
 TAMPA FL 33629

115 S. DALE MABRY HWY
 SUITE 300
 TAMPA FL 33609
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2421962

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLAKE, DIANNE
 115 S. DALE MABRY
 SUITE 300
 TAMPA FL 33609

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Delete
NAME	WEBB, MARSHA	
STREET ADDRESS	2207 CAROLINA #31	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FRANKLIN, LARRY	
STREET ADDRESS	147-FRESH DR	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARTIN, CAROL	
STREET ADDRESS	106 ADRIATIC	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILLIAMS GIBBONS	
STREET ADDRESS	2207 CAROLINA #20	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Carol Martin* **REQUIRED** *Carol Martin* **4/30/01** **(813) 873-1139**

CR2E037 (10/00)