


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90075 036 ****70.00

DOCUMENT # 760591

1. Entity Name
TAMPA BAYSHORE VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1207 N. HIMES AVE. SUITE 3 TAMPA, FL 33607	Mailing Address 1207 N. HIMES AVE. SUITE 3 TAMPA, FL 33607 US
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94028765



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02022004 Chg-NP CR2E037 (10/03)

City & State	City & State	4. FEI Number 59-2421962	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

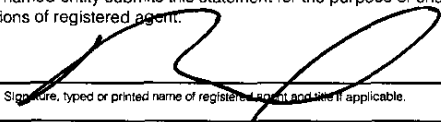
6. Name and Address of Current Registered Agent

~~BLAKE, DIANNE~~ *Unique Property Services Inc.*
 1207 N. HIMES AVE.
 SUITE 3
 TAMPA, FL 33607

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE *3/10/04*

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<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	1128 NICHOLSON STREET	
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	VD	<input type="checkbox"/> Delete
NAME	WILLIAMS GIBBONS	
STREET ADDRESS	2207 CAROLINA #20	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, NAN K	
STREET ADDRESS	2207 S. CAROLINA AVENUE #10	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE *3/10/04* DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR