


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90209 020 ****70.00

DOCUMENT # 760591

1. Entity Name
TAMPA BAYSHORE VILLAS CONDOMINIUM ASSOCIATION, I NC.



Principal Place of Business
**2207 CAROLINA AVENUE
TAMPA FL 33629**

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

2. Principal Place of Business
1207 N Himes AVE

Suite, Apt. #, etc.
Suite 3

City & State
TAMPA FL

Zip
33607

Country

3. Mailing Address
1207 N Himes AVE

Suite, Apt. #, etc.
Suite 3

City & State
TAMPA FL

Zip
33607

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2421962**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1207 N Himes AVE

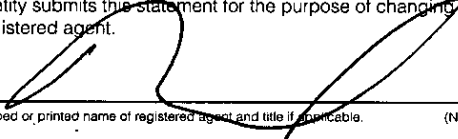
Suite, Apt. #, etc.
Suite 3

City
TAMPA

State
FL

Zip Code
33607

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  (NOTE: Registered Agent signature required when reinstating)

DATE **4/27/03**

FILE NOW: FEE IS \$61.25

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 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 33608 | |
| TITLE TD | <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 NAN KELLY WILSON | |
| 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 TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS 1128 Nelson Street | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE VD | <input checked="" 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:  **4/28/03 722 736 5442**

CR2E037 (10/02)