FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

762836

(5)

CLUE	BAYSHORE CONDOMINI	JM ASSOCIATION, INC).		 	##	
Principal Plac	pe of Business	Mailing Address				<u> </u>	# !!!! ##!! \$ # !
5223 BAYS TAMPA FL	HORE BLVD. 33611	5223 BAYSHORE BLY TAMPA FL 33611	/D.				
2 Principal I	Disco of D.				3. Date Incorporated 04/12/198		Date of Last Report 06/12/1995
21 PHICIPAL P	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt	#. etc	26 Suito Ant # st			59-262249	13	Not Applicable
22		Suite, Apt. #, etc.			5. Certificate of Statu	us Desired	\$8.75 Additional
City & Sta	te	City & State		-	F First 0		Fee Required
23		28			6. Election Campaign Trust Fund Contrib		\$5.00 May Be
Ζip	Country	Ζιρ	Counti	у			Added to Fees e tax under s. 199.032,
24	25	29	30		Florida Statutes	☐ Yes	D No i
·	9. Name and Address of Curro	ent Registered Agent			10. Name and Addre	ss of New Registers	ed Agent
BARVAIA	DD (OUR) O		8	Name _	TEAN MASC	24/	
MAYNARD, JOHN C				Street Addr			
	AYSHORE BLVD.		52	ess (P.O. Box Number is 1	ME BLVO		
IAMPA	FL 33611		83	}	7		
			84	City			- Table 1
11 Pure ant	to the provisions of Control 847 0-5			1 7 / 20 /	npA	F	L 85 Zip Code
or registe	to the provisions of Sections 617.050 red agent, or both, in the State of Flo th, and accept the obligations of Sec	J2 and 617.1508, Florida Statut rida. Such change was authori:	es, the above	named corpora	ation submits this stateme	nt for the purpose of a	hanging its registered office
: familiar 🗸	th, and accept the obligations of Sec	ction 617.0503, Florida Statute	i.od by the con	poración s boan	u or directors. I hereby acc	Sept the appointment :	as registered agent. I am
ŞIGNATURE	Vollar of 1	1000				6/4/	96
12.	Signature yiped or printed name of registered age	nt and fite if appendable (NO ND DIRECTORS)		rd signature required		DATE	
TITLE	PBM	DELETE	13.		ADDITIONS/CHANG	GES TO OFFICERS AN	ND DIRECTORS IN 12 Change Addition Change Addition
NAME	MAYNARD, JOHN C	DELETE	11 Title	12.	Wall Ma	0711 n 1	Change Addition
STREET ADDRESS	5311 BAYSHORE BLVD.		1 2 NAME	6	HOND, MA	AC DO NO	3
CITY - ST - ZIP	TAMPA FL				11 BOYSHOI	TO BUT	<u>ت</u>
TITLE	VD	DELETE	14 CITY-:	SI-ZIP	ompo EL	336//	& & & & & & & & & & & & & & & & &
NAME	COPLON, JIM		2 1 TITLE	7		.1.	☐ Change ☑ Addition ☐
STREET ADDRESS	2702 D PAXTON		2.2 NAME	M	TAUP JOS	SHUA	
CITY - ST - ZIP	TAMPA FL		2 3 STREET	ADDRESS 3	SO'S IDAYSU	DNG TSC DC	7
TITLE	TD	DELETE	2 4 CiTY-	51 - ZIP / X	haup Jos 307 Baysh mpa Fu	53411	
NAME	MILES, BEVERLY	دهن	3.2 NAME	•			☐ Change ☐ Addition
STREET ADDRESS	3212 FAIR OAKS		33 STREET	ADDDCCC			
CITY - ST - ZIP	TAMPA FL						
TITLE	D	DELETE	3.4 CITY - 5 4.1 TITLE	ST · ZIP			
NAME	THOMAS, LINDA	_	4 2 NAME				Change Addition
STREET ADDRESS	5227 BAYSHORE BLVD		4 3 STREET	AUUDECC			
CITY-ST-ZIP	TAMPA FL		4.4 CITY - S	 			
TITLE	DP	DELETE	5 1 TITLE	I LUF			D01
NAME	SMITH, JAMES		5.2 NAME		sõõõõ	0 1874 3: 6010340	Henge Addition
STREET ADDRESS	2702C PAXTON		5 3 STREET	ADDRESS	-06/25/9I	5U1034 - -0	21
CITY - ST - ZIP	TAMPA FL		5 4 CITY-S	1	***61.2S		
TITLE	PBM-	□DELETE	6.1 TITLE	727	3m		Change Addition
NAME	SNIDER, JEAN		6.2 NAME	mi	93 BAYEHO		Change
STREET ADDRESS	5233 BAYSHOARE BLVD		63 STREFT	ADDRESS 5-2	33 BAYEHO	no BLYD	7/10
CITY-ST-ZIP	TAMPA-FL-		6.4 CHY-SI	ZIP TA	man G	33611	1171
ia ino berebu	Corting that the information and in-	The second secon				~ - 13//	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/96 Daytine Phone #