FILE NOW: FILING FEE IS $61.25

FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **762836** **(5)**

1. Corporation Name
CLUB BAYSHORE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5223 BAYSHORE BLVD. TAMPA FL 33611	5223 BAYSHORE BLVD. TAMPA FL 33611-4144

3. Date Incorporated or Qualified: 04/12/1982
3a. Date of Last Report: 06/24/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-2622493 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MASON, JEAN
5233 BAYSHORE BLVD.
TAMPA FL 33611

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☐ DELETE	1.1 TITLE	SD	☒ Change ☐ Addition
NAME	MARTHAL, GIFFORD		1.2 NAME	MARTHA GIFFORD	
STREET ADDRESS	5311 BAYSHORE BLVD.		1.3 STREET ADDRESS	5311 BAYSHORE	
CITY-ST-ZIP	TAMPA FL 33611		1.4 CITY-ST-ZIP	TAMPA, FL 33611	
TITLE	D	☒ DELETE	2.1 TITLE	VPD	☐ Change ☒ Addition
NAME	PHAUP, JOSHUA		2.2 NAME	ANN OLMSTEAD	
STREET ADDRESS	5307 BAYSHORE BLVD.		2.3 STREET ADDRESS	5301 BAYSHORE	
CITY-ST-ZIP	TAMPA FL 33611		2.4 CITY-ST-ZIP	TAMPA, FL 33611	
TITLE	DP	☒ DELETE	3.1 TITLE	VPD	☐ Change ☒ Addition
NAME	SMITH, JAMES		3.2 NAME	JAMES COLON	
STREET ADDRESS	2702C PAXTON		3.3 STREET ADDRESS	2702 D PAXTON	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	TAMPA, FL 33611	
TITLE	PBM	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MASON, JEAN		4.2 NAME		
STREET ADDRESS	5233 BAYSHOARE BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33611		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	TD	☐ Change ☒ Addition
NAME			5.2 NAME	ANDREW BRANSTEIN	
STREET ADDRESS			5.3 STREET ADDRESS	5215 BAYSHORE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	TAMPA, FLORIDA 33611	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED ANDREW BERNSTEIN 24 APRIL 97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0047878