# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 05, 2002 8:00 am**
**Secretary of State**
05-05-2002 90307 038 ****61.25

0078607

DOCUMENT # 762836

1. Entity Name

CLUB BAYSHORE CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5223 BAYSHORE BLVD.<br>TAMPA FL 33611 | 5223 BAYSHORE BLVD.<br>TAMPA FL 33611 |

358513

DO NOT WRITE IN THIS SPACE

| 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 59-2622493 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MCMAMARA, THOMAS P<br>2809 BAY TO BAY BLVD.<br>SUITE 309<br>TAMPA FL 33629 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>MAYNARD, JACK<br>5311 BAYSHORE BLVD.<br>TAMPA FL 33611 | ☐ Delete | PD<br>MAYNARD, JACK<br>5311 BAYSHORE<br>TAMPA, FL 33611 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>PATTY, PALMER<br>5313 BAYSHORE<br>TAMPA FL 33611 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PBM<br>MASON, JEAN<br>5233 BAYSHOARE BLVD<br>TAMPA FL 33611 | ☒ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>BERNSTEIN, ANDREW<br>5315 BAYSHORE<br>TAMPA FL | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | D<br>CURRY, KEITH<br>2720 PAYTON<br>TAMPA, FL 33611 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | SD<br>THOMAS, LINDA<br>5227 BAYSHORE<br>TAMPA, FL 33611 | ☐ Change ☒ Addition |

CR2E037 (9/01)

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 an other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED 5 APRIL 02 813 872 9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #