

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N03073

FILED
Apr 22, 2003
Secretary of State

Entity Name: ADALIA BAYFRONT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2 ADALIA AVE
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

2 ADALIA AVE
TAMPA, FL 33606 US

New Mailing Address:

FEI Number: 59-2635855 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEZER, STEVEN H
220 S.FRANKLIN ST
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MCLEROY, KATHLEEN
Address: 10033 9TH ST N -2ND FLOOR
City-St-Zip: ST PETERSBURG, FL 33716

Title: DS () Delete
Name: GERLACH, PHILLIP
Address: 10033 9TH ST N -2ND FLOOR
City-St-Zip: ST PETERSBURG, FL 33716

Title: DT () Delete
Name: CARSON, STEVE
Address: 10033 9TH ST N -2ND FLOOR
City-St-Zip: ST PETERSBURG, FL 33716

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPTD (X) Change () Addition
Name: CARSON, STEVE
Address: 10033 9TH ST N -2ND FLOOR
City-St-Zip: ST PETERSBURG, FL 33716

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN MCLEROY

PD

04/22/2003

Electronic Signature of Signing Officer or Director

_____ Date