


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90065 020 \*\*\*\*61.25

**DOCUMENT # N04000007963**

1. Entity Name  
**BAYVIEW CONDOMINIUMS CLEARWATER ASSOCIATION, INC.**



Principal Place of Business  
**BAYVIEW CONDO CLW. ASSOC.  
 700 N OSCEOLA AVE  
 CLEARWATER, FL 33755**

Mailing Address  
**C/O RICHARD C. COMMONS, P.A.  
 300 S DUNCAN AVE #220 B  
 CLEARWATER, FL 33755**

40068807

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



03272008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**86-1114672**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DAKE, RICHARD  
 700 N OSCEOLA AVE  
 #3  
 CLEARWATER, FL 33755**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2008**

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<br>VP                              | <input checked="" type="checkbox"/> Delete |
| NAME<br>MCLANE, BETTY                    |  |
| STREET ADDRESS<br>700 N OSCEOLA AVE #702 |  |
| CITY-ST-ZIP<br>CLEARWATER, FL 33755      |  |
| TITLE<br>P                               | <input checked="" type="checkbox"/> Delete |
| NAME<br>DAKE, RICHARD                    |  |
| STREET ADDRESS<br>700 N OSCEOLA AVE #3   |  |
| CITY-ST-ZIP<br>CLEARWATER, FL 33755      |  |
| TITLE<br>STD                             | <input checked="" type="checkbox"/> Delete |
| NAME<br>SHANNON, NANCY                   |  |
| STREET ADDRESS<br>700 N OSCEOLA AVE #306 |  |
| CITY-ST-ZIP<br>CLEARWATER, FL 33755      |  |
| TITLE                                    | <input type="checkbox"/> Delete            |
| NAME                                     |  |
| STREET ADDRESS                           |  |
| CITY-ST-ZIP                              |  |
| TITLE                                    | <input type="checkbox"/> Delete            |
| NAME                                     |  |
| STREET ADDRESS                           |  |
| CITY-ST-ZIP                              |  |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |  |
|----------------|--|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | P Zuzga, Melynda M.  |
| STREET ADDRESS | 700 N. Osceola Ave. #701   |
| CITY-ST-ZIP    | Clearwater, FL 33755   |
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <del>S Banks, Angie</del>  |
| STREET ADDRESS | <del>700 N. Osceola Ave. #703</del>  |
| CITY-ST-ZIP    | <del>Clearwater, FL 33755</del>  |
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | T Brinster, Kathy  |
| STREET ADDRESS | 700 N. Osceola Ave #506  |
| CITY-ST-ZIP    | Clearwater, FL 33755   |
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | S Fearnow, Richard   |
| STREET ADDRESS | 700 N. Osceola Ave. #504   |
| CITY-ST-ZIP    | Clearwater, FL 33755   |
| 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 exemptions contained in Chapter 119, 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:** Kathleen (Kathy) Brinster 4/8/08 727 467-0685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #