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Jun 02 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 # N10480 (4)
1. Corporation Name
BAYSHORE PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 2314 CLEWIS COURT TAMPA FL 33629 US
Mailing Address: 2314 CLEWIS COURT TAMPA FL 33629-6269 US

3. Date Incorporated or Qualified: 07/30/1985
3a. Date of Last Report: 03/07/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2753184		Not Applicable	
Suite, Apt #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	25	29	30	<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAVITZ, ESQ. E
BUSH, ROSS, GARDNER, WARREN & RUDY, PA
220 S. FRANKLIN STREET
TAMPA FL 33602

81 Name: MICHAEL J. BRUDNY, ESQ. JANA SANCHEZ
82 Street Address (P.O. Box Number is Not Acceptable): MICHAEL J. BRUDNY, P.A. 2314 Clewis Ct
83: 4830 W. KENNEDY BV 33629
84 City: TAMPA FL 85 Zip Code: 33609

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: *Jana Sanchez* 5/27/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD <input checked="" type="checkbox"/> DELETE	NAME: O'KELLEY, CHARLES F. STREET ADDRESS: 6212-J BAYSHORE BLVD. CITY-ST-ZIP: TAMPA FL	1.1 TITLE: SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: PATTI PACE STREET ADDRESS: 2314 S. CLEWIS CT. #105 CITY-ST-ZIP: TAMPA FL 33629
TITLE: D <input type="checkbox"/> DELETE	NAME: AYERS, MARY JANE STREET ADDRESS: 2314 S. CLEWIS COURT, #203 CITY-ST-ZIP: TAMPA FL	2.1 TITLE: VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: TD <input type="checkbox"/> DELETE	NAME: KIRKLAND, JACK STREET ADDRESS: 4615 LUMB AVENUE CITY-ST-ZIP: TAMPA FL	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VD <input type="checkbox"/> DELETE	NAME: CARVER, JANE STREET ADDRESS: 2314 CLEWIS COURT, #205 CITY-ST-ZIP: TAMPA FL	4.1 TITLE: PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: SD <input checked="" type="checkbox"/> DELETE	NAME: MOSES, MARY JANE STREET ADDRESS: 2314 CLEWIS COURT, #206 CITY-ST-ZIP: TAMPA FL	5.1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: KATHY VOLLUSE STREET ADDRESS: 2314 S. CLEWIS CT. #302 CITY-ST-ZIP: TAMPA FL 33629
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *John C. Kelleher* RETURNED 4-30-97 813-572-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048825

CR2E037 (9/96)