

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US	3. Date Incorporated or Qualified 07/30/1985
		4. FEI Number 59-2753184
		Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 2a	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
City & State 22	City & State 27	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip 23	Zip 28	Country 29
Country 25	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent CARVER, JANE 2314 CLEWIS CT 220 S. FRANKLIN STREET TAMPA FL 33629		10. Name and Address of New Registered Agent 81 Name Michael Brody 82 Street Address (P.O. Box Number is Not Acceptable) 1 Urban Ctr, Suite 985 4830 W. Kennedy Blvd 83 84 City Tampa FL Zip Code 33609	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PACE, PATTI		1.2 NAME	
STREET ADDRESS 2314 S CLEWIS CT, #105		1.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		1.4 CITY-ST-ZIP	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AYERS, MARY JANE		2.2 NAME	
STREET ADDRESS 2314 S. CLEWIS COURT, #203		2.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		2.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KIRKLAND, JACK		3.2 NAME	
STREET ADDRESS 4615 LUMB AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		3.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARVER, JANE		4.2 NAME	
STREET ADDRESS 2314 CLEWIS COURT, #205		4.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VOLLUSE, KATHY		5.2 NAME	
STREET ADDRESS 2314 S. CLEWIS CT., #302		5.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: Jane Carver Jane Carver 2/15/98 813-272-3851
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0049848

CFR2037 (10/97)