

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
---	---	---

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



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	
2314 CLEWIS COURT TAMPA FL 33629 US		2314 CLEWIS COURT TAMPA FL 33629 US		07/30/1985	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21		26		59-2753184	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
22		27		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		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	
Country		Country		30	

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

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	Linda Oren <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYERS, MARY JANE	2.2 NAME	2314 Clewis Ct Unit 106
STREET ADDRESS	2314 S. CLEWIS COURT, #203	2.3 STREET ADDRESS	Tampa, FL 33629
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Michael Morris <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKLAND, JACK	3.2 NAME	2314 Clewis Ct. #203
STREET ADDRESS	4615 LUMB AVENUE	3.3 STREET ADDRESS	Tampa, FL 33629
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)