

FILE NOW: FILING FEE IS \$61.25

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90010 036 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N10480

7. 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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/30/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2753184
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/>
		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CARVER, JANE 2314 CLEWIS CT TAMPA FL 33629				81 Name	Kathie Volluse		
				82 Street Address (P.O. Box Number is Not Acceptable)	2314 Clewis Court #302		
				83			
				84 City	Tampa	85 State	FL

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: *Kathie Volluse* DATE: 1/31/99

(NOTE: Registered Agent signature required when reinstating)

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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN, LINDA	2.2 NAME	
STREET ADDRESS	2314 CLEWIS CT., UNIT 106	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	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	MORRIS, MICHAEL	3.2 NAME	TD Sally Szudlo
STREET ADDRESS	2314 CLEWIS CT., #203	3.3 STREET ADDRESS	2314 Clewis Ct #203
CITY-ST-ZIP	TAMPA FL 33629	3.4 CITY-ST-ZIP	TAMPA FL 33629
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	WD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARVER, JANE	4.2 NAME	Gina Calabrese
STREET ADDRESS	2314 CLEWIS COURT, #205	4.3 STREET ADDRESS	2314 Clewis Ct. #206
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa FL 33629
TITLE	PD <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, with all other like empowered.

SIGNATURE: *Kathie Volluse* **REQUIRED** DATE: 1/31/99 DAYTIME PHONE #: 813-253-3235

CR2E037 (1/198)