

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

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

0051444

DOCUMENT # N10480

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/30/1985

4. FEI Number

59-2753184

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

~~CARVER, JANE~~
~~2314 CLEWIS CT~~
~~TAMPA FL 33629~~

10. Name and Address of New Registered Agent

81 Name

Kathie Volluse

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

2314 Clewis Court #302

83

84 City

Tampa

FL

85 Zip Code

33629

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/99

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	PACE, PATTI	
STREET ADDRESS	2314 S CLEWIS CT, #105	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DEAN, LINDA	
STREET ADDRESS	2314 CLEWIS CT., UNIT 106	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MORRIS, MICHAEL	
STREET ADDRESS	2314 CLEWIS CT., #203	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CARVER, JANE	
STREET ADDRESS	2314 CLEWIS COURT, #205	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	VOLLUSE, KATHY	
STREET ADDRESS	2314 S. CLEWIS CT., #302	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD Sally Syzdo
3.3 STREET ADDRESS	2314 Clewis Ct #203
3.4 CITY-ST-ZIP	TAMPA FL 33629
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WD Gina Calabrese
4.3 STREET ADDRESS	2314 Clewis Ct. #206
4.4 CITY-ST-ZIP	Tampa FL 33629
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/99 813-253-3235

Date

Daytime Phone #

CR2E037 (1/98)