

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90111 004 ****61.25

DOCUMENT # N10480

1. Entity Name

BAYSHORE PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2314 CLEWIS COURT
 TAMPA FL 33629
 US

2314 CLEWIS COURT
 TAMPA FL 33629-6299
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2753184

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VOLLUSE, KATHIE
2314 CLEWIS CT
TAMPA FL 33629

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Kathie B Volluse 2/14/00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** Delete
 NAME **PACE, PATTI**
 STREET ADDRESS **2314 S CLEWIS CT, #105**
 CITY-ST-ZIP **TAMPA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **SYZDLO, SALLY**
 STREET ADDRESS **2314 CLEWIS CT., #103**
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **CALABRESE, GIND**
 STREET ADDRESS **2314 CLEWIS CT., #206**
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE Change Addition
 NAME **GINA**
 STREET ADDRESS **Board Mbr**
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **VOLLUSE, KATHIE Kathie**
 STREET ADDRESS **2314 S. CLEWIS CT., #302**
 CITY-ST-ZIP **TAMPA FL**

TITLE Change Addition
 NAME **Kathie**
 STREET ADDRESS **President.**
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **Twiski, Connie L**
 STREET ADDRESS **Vice President**
 CITY-ST-ZIP **Unit 202**

TITLE Delete
 NAME **David Lee**
 STREET ADDRESS **Board Mbr Unit 106**
 CITY-ST-ZIP

TITLE Change Addition
 NAME **Steve McKenna**
 STREET ADDRESS **Board Mbr Unit 104**
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathie B Volluse 2/14/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)