

5/15

FILED
Jul 13, 2001 8:00 am
Secretary of State

05-15-2001 90013 029 ****70.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10480

1. Entity Name

BAYSHORE PLACE CONDOMINIUM ASSOCIATION, INC.

LA

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2753184

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VOLLUSE, KATHIE
2314 CLEWIS CT
TAMPA FL 33629

7. Name and Address of New Registered Agent

Name Unique Property Service, Inc.
Street Address (P.O. Box Number is Not Acceptable)
115 S. Dale Mabry Hwy
Suite 300
City Tampa FL Zip Code 33609

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

David C. King

Signature, typed or printed name of registered agent and their applicable.

[Signature]

(NOTE: Registered Agent signature required when reinstating)

4/27/01

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 NAME STREET ADDRESS CITY-ST-ZIP	VP TUISKI, CONNIE L 2314 CLEWIS CT. #202 TAMPA FL 33629	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SYZDLO, SALLY 2314 CLEWIS CT., #103 TAMPA FL 33629	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALABRESE, GINA 2314 CLEWIS CT., #208 TAMPA FL 33629	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VOLLUSE, KATHIE 2314 S. CLEWIS CT., #302 TAMPA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKENNA, STEVE 2314 CLEWIS CT. #104 TAMPA FL 33629	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, DAVID 2314 CLEWIS CT. #106 TAMPA FL 33629	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	UPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Scott Jorgensen 2314 Clewis Ct #303 Tampa FL 33629	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Christine Weisser #306 2314 Clewis Ct. 33629 Tampa FL 33629	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

DAVID C. KING
Treasurer Bayshore Place Condo

4/27/01

813 831 5535

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Devised Phone #

CR25037 (10/00)

Attachment
Doc# N10480
7/6/06



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 15, 2001

BAYSHORE PLACE CONDOMINIUM ASSOCIATION, INC.
2314 CLEWIS COURT
TAMPA, FL 33629 US

Subject: BAYSHORE PLACE CONDOMINIUM ASSOCIATION, INC.

Reference Number: N10480

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$70.00; however, the report has not been filed and a copy is being returned for the following correction(s):

List the street address of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

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ANNUAL REPORTS SECTION