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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9800005660

1. Corporation Name

BAYSHORE TOWNHOUSES OF PINELLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

26750 US HWY 19 N, STE 301 CLEARWATER FL 33761 26750 US HWY 19 N. STE 301 CLEARWATER FL 33761

FILED Mar 11, 1999 8:00 am \$ Secretary of State

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Principal Place of Business 2a. Mailing Address								3.	Date Incor		Qualifed				
21		26						10/02/1998							
Suite, Apt. #, etc.			Suite, Apt. #, etc.						FEI Numb				Apı	plied For	
22		27						59-35	53980	68		No	t Applicable		
City & Sta	te		Cit	y & State				5.	Certifcate	of Status (Desired		\$8.75 A		
23			28					_					Fee Re		
Zip		Country	Zip	•		ountry		6.	Election C		_		\$5.00		
24 25 29					30	30			Trust Fund Contribution 10. Name and Address of New Registered Ag					Added to Fees	
	9. Name ar	nd Address of Current	t Registere	d Agent		81	Nama	10.	Name and	Address	of New I	Registered	Agent		
1						811	Name								
LARSON, ROGER A						82	Street	Address (F	P.O. Box Nu	mber is N	ot Accepta	able) .			
911 CHESTNUT ST							_								
CLEARWA			83								ì				
						84	City			•			85 Zip (Code	
	_						_			_		F <u>L</u>			
11. Pursuant	to the provision	ns of Sections 617.0502 t, or both, in the State of	2 and 617.1	508, Florida Statut	tes, the	above	-named	corporatio	n submits th	nis stateme ∼tors. I her	ent for the	purpose of	changing its ntment as red	registered i	
agent. I a	registered agen am familiar with,	and accept the obligat	tions of, Se	ction 617.0503, Flo	rida Sta	atutes.		Organori S Di	OED G OI GII C	31010. 71101	00, 0000	pre appon		,	
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L	Signature, typed or	printed name of registered agen					t signature r	nertw beniuper				DATE	D DIDEOTO	00.101.42	
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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:

NATURE MYS TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/99 (723) 669-2423 Data Dayline Phone #

CR2E037 (11/98