

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005660

1. Entity Name

BAYSHORE TOWNHOUSES OF PINELLAS HOMEOWNERS ASSOC

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90062 041 ****61.25

Principal Place of Business 26750 US HWY 19 N. STE 301 CLEARWATER FL 33761	Mailing Address 26750 US HWY 19 N. STE 301 CLEARWATER FL 33761-3455
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00010010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2595 Tampa Road	3. Mailing Address 2595 Tampa Road
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Suite, Apt. #, etc. Suite H	Suite, Apt. #, etc. Suite H
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City & State Palm Harbor, Fl	City & State PALM Harbor, Fl	4. FEI Number 59-3539868	Applied For <input type="checkbox"/> Not Applied
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Zip 34684	Country USA	Zip 34684	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LARSON, ROGER A
911 CHESTNUT ST
CLEARWATER FL 33756

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW:
SEE 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	PD HUTCHINSON, ROBERT B 26750 US HWY 19 N, STE 301 CLEARWATER FL 33761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHARP, DON 26750 US HWY 19 N, STE 301 CLEARWATER FL 33761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD ESKEW, ROBERT 26750 US HWY 19 N, STE 301 CLEARWATER FL 33761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>

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: _____ **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/20/00** Daytime Phone #: **(727) 669-24**