

05-01-2001 90070 035 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005660
1. Entity Name
BAYSHORE TOWNHOUSES OF PINELLAS HOMEOWNERS ASSOC

Principal Place of Business Mailing Address
2595 TAMPA ROAD 2595 TAMPA ROAD
STE H STE H
PALM HARBOR FL 34684 PALM HARBOR FL 34684



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Zip Country Country

4. FEI Number **59-3539868** Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
LARSON, ROGER A
911 CHESTNUT ST
CLEARWATER FL 33756

7. Name and Address of New Registered Agent
Name **LESLIE J. RANDOLPH, LCAM**
Street Address (P.O. Box Number is Not Acceptable)
2595 Tampa Road
STE H
City **Palm Harbor** FL Zip Code **34684**

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 *Leslie J. Randolph, LCAM* DATE **3/8/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUTCHINSON, ROBERT B 28750 US HWY 19 N, STE 301 CLEARWATER FL 33761 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHARP, DON 28750 US HWY 19 N, STE 301 CLEARWATER FL 33761 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD ESKEW, ROBERT 28750 US HWY 19 N, STE 301 CLEARWATER FL 33761 <input checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Stanley Newmark D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2152 Oyster Bayou Way Clearwater, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Reginald Termulo D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3119 Oyster Bayou Way Clearwater, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Robert Waldron D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2111 Oyster Bayou Way Clearwater, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Stephen Kittinger D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 31 Seagrape Circle Clearwater, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ronnie Sims D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 31 Estuary Trail Clearwater, FL 33759
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: *SPRAT DE FRAZAR* DATE **4-19-01** DAYTIME PHONE # **771-7753**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)