

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90051 045 \*\*\*\*61.25

**DOCUMENT # N98000005660**

1. Entity Name

**BAYSHORE TOWNHOUSES OF PINELLAS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**2595 TAMPA ROAD  
 STE H  
 PALM HARBOR FL 34684**

**2595 TAMPA ROAD  
 STE H  
 PALM HARBOR FL 34684**

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

**59-3539868**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RANDOLPH, LESLIE J  
 2595 TAMPA ROAD  
 SUITE H  
 PALM HARBOR FL 34684**

Name **Patricia Laughlin, LAM**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2595 Tampa Rd.**  
 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

*Patricia Laughlin*

4/02

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	PD	<input checked="" type="checkbox"/> Delete
NAME	NEWMARK, STANLEY	
STREET ADDRESS	3152 OYSTER BAYOU WAY	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	TERMULO, REGINALD	
STREET ADDRESS	3119 OYSTER BAYOU WAY	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WALDROW, ROBERT	
STREET ADDRESS	3111 OYSTER BAYOU WAY	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KITTINGER, STEPHEN	
STREET ADDRESS	31 SEAGRAPE CIRCLE	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	DD	<input checked="" type="checkbox"/> Delete
NAME	SIMS, RONNIE	
STREET ADDRESS	31 ESTUARY TRAIL	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VAD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Hintenach	
STREET ADDRESS	33 Estuary Trail	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reggie Termulo	
STREET ADDRESS	3119 Oyster Bayou Way #14	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Candrera	
STREET ADDRESS	3107 Oyster Bayou Way #10	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robyn Blumberg	
STREET ADDRESS	35 Seagrape Circle	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Waldron	
STREET ADDRESS	3111 Oyster Bayou Way #112	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Patricia Laughlin* SIGNATURE REQUIRED

4-19-02 542-8833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)