

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90262 044 \*\*\*\*61.25

**20040857**



02072005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # 757755</b> 1. Entity Name <b>BAYSHORE CONDOMINIUM &amp; COMPANY, INC.</b>					
Principal Place of Business <b>2109 BAYSHORE BLVD TAMPA, FL 33606</b>			Mailing Address <b>777 S HARBOUR ISLAND BLVD STE 270 TAMPA, FL 33602</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2114770</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CONDOMINIUM ASSOCIATES 777 S HARBOUR ISLAND BLVD STE 270 TAMPA, FL 33602</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KING, JOHN 2109 BAYSHORE STE PH-5 TAMPA, FL 33606</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP ROM, STEVE 2109 BAYSHORE BLVD., # PH3 TAMPA, FL 33606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DV URSO, CONNIE 2109 BAYSHORE BLVD # 907 TAMPA, FL 33606</b>		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DS MEADE, SUSAN 2109 BAYSHORE BLVD # 807 TAMPA, FL 33606</b>		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DP</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DBM BORK, STEVE 2109 BAYSHORE BLVD TAMPA, FL 33606</b>		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP (Blank)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>SD URSO, CONNIE 2109 BAYSHORE BLVD. SUITE 907 TAMPA, FL 33606</b>		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DT MENENDEZ, NILO 13604 WILKES DR TAMPA, FL 33618</b>		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D</b>	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>4-11-05 813-251-4396</b> <small>Date Daytime Phone #</small>	