

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006636

Entity Name: 345 BAYSHORE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**345 BAYSHORE BLVD
TAMPA, FL 33606**Current Mailing Address:**9887 FOURTH STREET N
ST. PETERSBURG, FL 33702**FEI Number:** 65-1138950**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RAMPART PROPERTIES, INC.
9887 FOURTH STREET N
ST. PETERSBURG, FL 33702 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VPD
Name	FLOWERS, LIZ
Address	9887 FOURTH STREET N
City-State-Zip:	ST. PETERSBURG FL 33702

Title	D
Name	DUNNICK, PATRICIA
Address	9987 FOURTH STREET N
City-State-Zip:	ST. PETERSBURG FL 33702

Title	PD
Name	HUGHES, TOM
Address	9987 FOURTH STREET N
City-State-Zip:	ST. PETERSBURG FL 33702

Title	SD
Name	HEINEMANN, KAREN
Address	9987 FOURTH ST. N
City-State-Zip:	ST. PETERSBURG FL 33702

Title	TD
Name	ANDREWS, LYNN
Address	9887 FOURTH STREET NORTH, #301
City-State-Zip:	ST. PETERSBURG FL 33702

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TOM HUGHES**PRESIDENT****04/15/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date