

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10480

**Entity Name:** BAYSHORE PLACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1207 N. HIMES AVE.  
SUITE 3  
TAMPA, FL 33607

**FILED**  
**Apr 15, 2015**  
**Secretary of State**  
**CC6214646634**

**Current Mailing Address:**

1207 N. HIMES AVE.  
SUITE 3  
TAMPA, FL 33607 US

**FEI Number: 59-2753184**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

UNIGUE PROPERTY SERVICE, INC  
1207 N. HIMES AVE.  
SUITE 3  
TAMPA, FL 33607 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 PD  
Name STREICHER, CRAIG M  
Address 3104 W. LAWN AVE.  
City-State-Zip: TAMPA FL 33611

Title TD  
Name WEISSER, CHRISTINE  
Address 2314 S. CLEWIS CT. #305  
City-State-Zip: TAMPA FL 33629

Title SD  
Name BELL, DANIEL  
Address 2314 S. CLEWIS CT. #105  
City-State-Zip: TAMPA FL 33629

*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: CRAIG STREICHER**

**PRESIDENT**

**04/15/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date