

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90044 011 \*\*\*\*61.25

**DOCUMENT # 721089**

1. Entity Name

**BAYFRONT TOWER CONDOMINIUM ASSOCIATION  
COMMERICAL, INC.**



Principal Place of Business

**1 BEACH DRIVE  
ST PETERSBURG FL 33701-0923**

Mailing Address

**3637 4TH STREET N  
220  
ST PETERSBURG FL 33704**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-6639343**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COWAN, DONALD  
3637 4TH ST. N.  
SUITE 220  
SAINT PETERSBURG FL 33704**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typewritten or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: PD ☐ Delete  
NAME: COWAN, DONALD  
STREET ADDRESS: 3637 4TH ST. N., SUITE 220  
CITY-STATE-ZIP: SAINT PETERSBURG FL 33704

TITLE: VD ☒ Delete  
NAME: SHUBRICK, E T  
STREET ADDRESS: 1 BEACH DR.  
CITY-STATE-ZIP: ST PETERSBURG FL

TITLE: SD ☒ Delete  
NAME: WELLS, HAROLD  
STREET ADDRESS: 1 BEACH DRIVE SOUTH  
CITY-STATE-ZIP: ST PETERSBURG, FL 00000

TITLE: TD ☒ Delete  
NAME: PEARSON, GEORGE A  
STREET ADDRESS: 7995 9TH AVENUE NORTH  
CITY-STATE-ZIP: ST PETERSBURG FL

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: V/D ☒ Change ☐ Addition  
NAME: Mark Berset  
STREET ADDRESS: 1 Beach Drive SE, Ste. 230  
CITY-STATE-ZIP: ST PETERSBURG FL 33701

TITLE: S/D ☒ Change ☐ Addition  
NAME: LINDA Berset  
STREET ADDRESS: 1 BEACH DRIVE SE, STE 230  
CITY-STATE-ZIP: ST PETERSBURG FL 33701

TITLE: T/D ☒ Change ☐ Addition  
NAME: ALLENE P.H. ROBERTS  
STREET ADDRESS: 7034 HANGING VINE WAY  
CITY-STATE-ZIP: TALLAHASSEE, FL 32311-8518

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** *Donald Cowan* Donald Cowan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-07

Date

727/894-5153

Daytime Phone #