

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90182 016 ****61.25

DOCUMENT # 728267

1. Entity Name
BAYSHORE DIPLOMAT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2611 BAYSHORE BLVD
TAMPA, FL 33629**

Mailing Address
**2611 BAYSHORE BLVD
TAMPA, FL 33629**

40067811



DO NOT WRITE IN THIS SPACE

01082007 No Chg-NP CR2E037 (4/06)

4. FFI Number
59-1655079

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~RIEF, SANDY~~ **ALVIE WHITAKER**
2611 BAYSHORE BLVD #201 #604
TAMPA, FL 33629

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IN THIS SPACE**

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 *Alvie Whitaker*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required at time of filing)

4/10/07
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME **GOLBERT, NANCY DIXIE SHOEMAKER**
STREET ADDRESS **2611 BAYSHORE BLVD. #1101 #1004**
CITY ST ZIP **TAMPA, FL 33629**

TITLE
NAME **LEVY, GEORGE LORRAINE CLEMENTI**
STREET ADDRESS **2611 BAYSHORE BLVD #101 1507**
CITY ST ZIP **TAMPA, FL 33629**

TITLE
NAME **YADLEY, JEAN**
STREET ADDRESS **2611 BAYSHORE BLVD. #801**
CITY ST ZIP **TAMPA, FL 33629**

TITLE
NAME **DRESSLER, ROBERT HARRIET MARTIN**
STREET ADDRESS **2611 BAYSHORE #1007 #1702**
CITY ST ZIP **TAMPA, FL 33629**

TITLE
NAME **RIEF, SANDY**
STREET ADDRESS **2611 BAYSHORE BLVD. #201**
CITY ST ZIP **TAMPA, FL 33629**

TITLE
NAME **WHITAKER, ALVIE**
STREET ADDRESS **2611 BAYSHORE BLVD #604**
CITY ST ZIP **TAMPA, FL 33629**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Alvie Whitaker* **BOARD PRESIDENT** 4/10/07 813-259-1314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #