

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90038 041 \*\*\*\*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

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  
**59-1655079**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**WHITAKER, ALVIE**  
**2611 BAYSHORE BLVD #664**  
**TAMPA FL 33629**

7. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature is not used when resigning)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2008**

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 ☐ Delete  
NAME **SHOEMAKER, DIXIE**  
STREET ADDRESS **2611 BAYSHORE BLVD #1004**  
CITY- ST- ZIP **TAMPA FL 33629**

TITLE ☐ Delete  
NAME **CLEMENTI, LORRAINE**  
STREET ADDRESS **2611 BAYSHORE BLVD #1507**  
CITY- ST- ZIP **TAMPA FL 33629**

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

TITLE ☐ Delete  
NAME **MARTIN, HARRIET**  
STREET ADDRESS **2611 BAYSHORE BLVD #1702**  
CITY- ST- ZIP **TAMPA FL 33629**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☒ Addition  
NAME **VICE-PRESIDENT**  
STREET ADDRESS **COMEN, HARRY**  
CITY- ST- ZIP **2611 BAYSHORE BLVD, # 1203 TAMPA, FL 33629**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☒ Addition  
NAME **DIRECTOR**  
STREET ADDRESS **JOE D. HARRIS**  
CITY- ST- ZIP **2611 BAYSHORE BLVD, #803 TAMPA, FL 33629**

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:

*Alvie Whitaker*