

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90102 006 \*\*\*\*61.25

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**DOCUMENT # 741717**

1. Corporation Name

**BAYSHORE TRACE CONDOMINIUM ASSOCIATION, INC**

Principal Place of Business

3325 BAYSHORE BLVD  
TAMPA FL 33629

Mailing Address

3325 BAYSHORE BLVD  
TAMPA FL 33629



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

01/13/1978

4. FEI Number

59-1829609

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

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

9. Name and Address of Current Registered Agent

PETTIGREW, JILL  
3325 BAYSHORE BLVD.  
UNIT E-21  
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME TO  
STREET ADDRESS DURKIN, KATHERINE  
CITY-ST-ZIP 3325 BAYSHORE BLVD A-22  
TAMPA, FL 00000

TITLE ☐ DELETE  
NAME VPD  
STREET ADDRESS SIERRA, LAURA  
CITY-ST-ZIP 3325 BAYSHORE BLVD, #C-27  
TAMPA, FL 00000

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS PETTEGREW, JILL  
CITY-ST-ZIP 3325 BAYSHORE BLVD, #E-21  
TAMPA FL

TITLE ☐ DELETE  
NAME SD  
STREET ADDRESS KENT, BARBARA J  
CITY-ST-ZIP 3325 BAYSHORE BLVD, #E-12  
TAMPA FL

TITLE ☒ DELETE  
NAME D  
STREET ADDRESS LYNCH, MARGARET  
CITY-ST-ZIP 3325 BAYSHORE BLVD B14  
TAMPA FL

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS CHAPMAN, SONDR  
CITY-ST-ZIP 3325 BAYSHORE BLVD A-25  
TAMPA, FL 00000 33629

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D  
BELL, Joseph  
3325 Bayshore Blvd. E 35  
TAMPA, FL 33629

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/99

813-837-2799

CR2E037 (11/98)