2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 20, 2008 8:00 am
Secretary of State
03-05-2008 90028 047 ****61.25

DOCUMENT # 749323

1. Entity Name
5010 BAYSHORE CONDOMINIUM, INC.

66004553

Principal Place of Business	Mailing Address
5010 BAYSHORE BLVD. TAMPA, FL 33611	5010 BAYSHORE BLVD. #4 TAMPA, FL 33611

02212008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 5010 Bayshore Blvd. #1
City & State	City & State Tampa, Fl.
Zip / Country	Zip 33611 / Country Hills

4. FEI Number 59-1968869 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NIX, GILMER H 5010 BAYSHORE BLVD., #1 TAMPA, FL 33611	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP NIX, GILMER H 5010 BAYSHORE BLVD. TAMPA, FL 33611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS GARRETT, MURRAY 5010 BAYSHORE BLVD., #2 TAMPA, FL 33611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ARIZU, BETSY 5010 BAYSHORE BLVD., #9 TAMPA, FL 33611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS RICHMOND, TYSON 5010 BAYSHORE BLVD., #7 TAMPA, FL 33611	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Ford, Charles 5010 Bayshore Blvd., #6 Tampa, Fl. 33611	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSTON, FRED 5010 BAYSHORE BLVD., #8 TAMPA, FL 33611	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Orcutt, Gregory 5010 Bayshore Blvd., #12 Tampa, Fl. 33611	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 3/17/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #