

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749516

FILED
Mar 16, 2009
Secretary of State

Entity Name: BAYSHORE TOWERS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4015 BAYSHORE BLVD
TAMPA, FL 33611 US

New Principal Place of Business:

Current Mailing Address:

C/O WISE PROP MGMT
16105 N FLORIDA # A
LUTZ, FL 33549

New Mailing Address:

FEI Number: 59-2176185 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MEZER, STEVE
1801 N. HIGHLAND AVENUE
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

BROWN, SHAWN ATTY
5001 4TH STREET N.
A
ST. PETERSBURG, FL 33703 US

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.

SIGNATURE: SHAWN BROWN

03/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: BRENT, AJ
Address: 16105 N. FLORIDA # A
City-St-Zip: LUTZ, FL 33549

Title: TD () Delete
Name: AMMONS, JOYCE
Address: 16105 N FLORIDA # A
City-St-Zip: LUTZ, FL 33549

Title: VD () Delete
Name: NEFF, RANDY
Address: 16105 N FLORIDA # A
City-St-Zip: LUTZ, FL 33549

Title: PD () Delete
Name: COFFEY, KATHY
Address: 16105 N. FLORIDA AVENUE #A
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: BARR, JOSETTE
Address: 16105 N FLORIDA # A
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: COFFEY, KATHLEEN
Address: 16105 N. FLORIDA AVENUE #A
City-St-Zip: LUTZ, FL 33549

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN COFFEY

PRES

03/16/2009

Electronic Signature of Signing Officer or Director

Date