

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90112 046 ****61.25

DOCUMENT # N00000003943

1. Entity Name
BAYSHORE TRAILS TOWNHOMES ASSOCIATION, INC.



Principal Place of Business
**777 S HARBOUR ISLAND BLVD.
STE. 270
TAMPA, FL 33602**

Mailing Address
**777 S HARBOUR ISLAND BLVD.
STE. 270
TAMPA, FL 33602**

60012229



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3721336

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**CONDOMINIUM ASSOCIATES
777 S HARBOUR ISLAND BLVD.
STE. 270
TAMPA, FL 33602**

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

**777 S. Harbour Island Blvd
Suite #270**

City

Tampa

FL

Zip Code
33602

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 registrant, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME **DP SILVERMAN, STAN**
STREET ADDRESS **2903 W BAYVIEW AVE**
CITY-ST-ZIP **TAMPA, FL 33611**

TITLE ☐ Change ☒ Addition
NAME **Walt Flora**
STREET ADDRESS **2877 Bayshore Trails Dr.**
CITY-ST-ZIP **Tampa FL 33611**

TITLE ☒ Delete
NAME **DST VOHNOUT, SUE**
STREET ADDRESS **2889 BAYSHORE TR DR**
CITY-ST-ZIP **TAMPA, FL 33611**

TITLE ☐ Change ☒ Addition
NAME **DVP Robert Choate**
STREET ADDRESS **2866 Bayshore Trails Dr.**
CITY-ST-ZIP **Tampa, FL 33611**

TITLE ☒ Delete
NAME **D FLORA, KATHY**
STREET ADDRESS **2877 BAYSHORE TRAILS DR.**
CITY-ST-ZIP **TAMPA, FL 33611**

TITLE ☐ Change ☒ Addition
NAME **DT Judith Ploszek**
STREET ADDRESS **2863 Bayshore Trails Dr**
CITY-ST-ZIP **Tampa, FL 33611**

TITLE ☒ Delete
NAME **D DAWSON, LEELA**
STREET ADDRESS **2827 BAYSHORE TRAILS DR**
CITY-ST-ZIP **TAMPA, FL 33611**

TITLE ☒ Change ☐ Addition
NAME **DS Leela Dawson**
STREET ADDRESS **2827 Bayshore**
CITY-ST-ZIP **Tampa, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Stan Silverman**
STREET ADDRESS **2903 W. Bay View Ave**
CITY-ST-ZIP **Tampa, FL 33611**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/07 838398101