



FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90349 002 ****61.25

40049849



01062006 Chq-NP CR2E037 (11/05)

DOCUMENT # N00000006882				Secretary of State 04-17-2006 90349 002 ****61.25	
1. Entity Name THE STOVALL ON BAYSHORE CONDOMINIUM 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	
2. Principal Place of Business 3203 Bayshore Blvd		3. Mailing Address		40049849 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062006 Chg-NP CR2E037 (11/05)	
City & State Tampa, FL		City & State		4. FEI Number 59-3700242	
Zip 33629		Country US		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CONDOMINIUM ASSOCIATES 777 S HARBOUR ISLAND BLVD SUITE 270 TAMPA, FL 33602			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 Kathy Bramhall, LEAM 2/21/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DS CHEZ, BONNIE 3203 BAYSHORE BLVD., #402 TAMPA, FL 33629	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Bonnie Chez <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV PERRON, VINCE 3203 BAYSHORE BLVD., #801 TAMPA, FL 33629	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CARTER, CALVIN 3203 BAYSHORE BLVD #302 TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Assistant Treasurer Diane Brown 3203 Bayshore Blvd. #1201 Tampa, FL 33629 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT LUNDY, MARK 3203 BAYSHORE BLVD #1802 TAMPA, FL 33629	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Mark Lundy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GIUNTA, GLORIA 3203 BAYSHORE BLVD # 1102 TAMPA, FL 33629	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary/Treasurer Gloria Giunta <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Peter Lefferts 3203 Bayshore Blvd #1701 Tampa FL 33629 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: Mark R. Lundy 2/23/06 813-209-9300			Date Daytime Phone #		