

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2008 8:00 am
Secretary of State

07-10-2008 90014 004 ****61.25

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1. Entity Name
THE PARK ON BAYSHORE, A CONDOMINIUM, INC.



Principal Place of Business
**5323 BAYSHORE BLVD
APT. E
TAMPA, FL 33611**

Mailing Address
**5323 BAYSHORE BLVD
APT. E
TAMPA, FL 33611**

40110097



2. Principal Place of Business - No P.O. Box #
5323 Bayshore Blvd.

3. Mailing Address
5323 Bayshore Blvd.

Suite, Apt. #, etc.
Apt. E

Suite, Apt. #, etc.
Apt. E

07072008 Chg-NP CR2E037 (12/06)

City & State
Tampa FL

City & State
Tampa FL 33611

4. FEI Number
13-4245049

Applied For
Not Applicable

Zip
33611-4183

Country
USA

Zip
33611-4183

Country
USA

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

6. Name and Address of Current Registered Agent

**VICKMAN, LAWRENCE
5323 BAYSHORE BLVD
APT. E
TAMPA, FL 33611**

7. Name and Address of New Registered Agent

Name **Patricia R. Williams**

Street Address (P.O. Box Number is Not Acceptable)
5323 Bayshore Blvd.

Apt. B

City **Tampa**

FL

Zip Code
33611-4183

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 **Patricia R. Williams Director/Treasurer July 7, 2008**

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 September 12, 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

TITLE **P** ☐ Delete
NAME **ALVAREZ, GEORGE G**
STREET ADDRESS **5323 D BAYSHORE BLVD**
CITY - ST - ZIP **TAMPA, FL 33611**

TITLE **SD** ☒ Delete
NAME **VICKMAN, LARRY**
STREET ADDRESS **5323 E BAYSHORE BLVD**
CITY - ST - ZIP **TAMPA, FL 33611**

TITLE **TD** ☐ Delete
NAME **WILLIAM, PATRICIA R**
STREET ADDRESS **5323-B BAYSHORE BLVD.**
CITY - ST - ZIP **TAMPA, FL 33611**

TITLE **D** ☐ Delete
NAME **CHRISTOPHE, GREGG**
STREET ADDRESS **5323-C BAYSHORE BLVD.**
CITY - ST - ZIP **TAMPA, FL 33611**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
NAME **Williams, Patricia R**
STREET ADDRESS **5323-B Bayshore Blvd. /**
CITY - ST - ZIP **Tampa FL 33611-4183**

TITLE ☒ Change ☐ Addition
NAME **S/D Christophe, Gregg**
STREET ADDRESS **5323-C Bayshore Blvd.**
CITY - ST - ZIP **Tampa FL 33611-4183**

TITLE ☐ Change ☒ Addition
NAME **D Jeffrey Maitlen**
STREET ADDRESS **5323-G Bayshore Blvd.**
CITY - ST - ZIP **Tampa FL 33611-4183**

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: **Patricia R. Williams**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 7, 2008
Date

813-272-8614
Daytime Phone #