


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90006 031 ****61.25

DOCUMENT # N02039	
1. Entity Name PARK BAYSHORE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 5401 BAYSHORE BLVD UNIT T TAMPA FL 33611	Mailing Address 5401 BAYSHORE BLVD UNIT T TAMPA FL 33611
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent CONLEY, JOHN E ESQ 50 SOUTH BELCHER RD SUITE 123 CLEARWATER FL 33756	
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7. Name and Address of New Registered Agent Name JAMES R. DEFURIO Street Address (P.O. Box Number is Not Acceptable) 201 E. KENNEDY BLVD. SUITE 1460 TAMPA City FL Zip Code 33602	
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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.

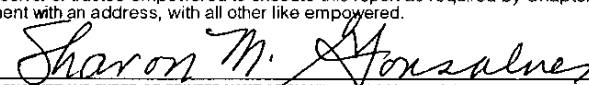
SIGNATURE  **James R. DeFurio** DATE **1-26-05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEDLMAYR, JOSEPHINE C 5401 BAYSHORE BLVD UNIT S TAMPA FL 33611 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIDSON, BARBARA 5401 BAYSHORE BLVD UNIT K TAMPA FL 33611 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONSALVES, SHARON 5401 BAYSHORE BLVD UNIT B TAMPA FL 33611 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURANIK, SANJAY 5401 BAYSHORE BLVD UNIT S TAMPA FL 33611 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODS, SEAN (GEORGE) 5401 BAYSHORE BLVD UNIT N TAMPA FL 33611 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT WOODS, SEAN GEORGE 5401-N BAYSHORE BLVD TAMPA, FL 33611 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHELE MISKOWSKI 5401-F BAYSHORE BLVD TAMPA, FL 33611 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEBORAH LASKOWSKI 5401-H BAYSHORE BLVD TAMPA, FL 33611 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Sharon M. Gonzales** DATE **2-1-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR