

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 A**  
**Secretary of State**

**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**



01042008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-2631270**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DEFURIO, JAMES R  
201 EAST KENNEDY BOULEVARD STE 1460  
TAMPA, FL 33602**

**DO NOT WRITE  
IN THIS SPACE**

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D  
NAME LASKOWSKI, DEBORAH  
STREET ADDRESS 5401-H BAYSHORE BOULEVARD  
CITY-ST-ZIP TAMPA, FL 33611

TITLE SD  
NAME DAVIDSON, BARBARA  
STREET ADDRESS 5401 BAYSHORE BLVD UNIT K  
CITY-ST-ZIP TAMPA, FL 33611

TITLE TD  
NAME GONSALVES, SHARON  
STREET ADDRESS 5401 BAYSHORE BLVD UNIT B  
CITY-ST-ZIP TAMPA, FL 33611

TITLE P  
NAME MISKOWSKI, MICHELE  
STREET ADDRESS 5401-F BAYSHORE BOULEVARD  
CITY-ST-ZIP TAMPA, FL 33611

TITLE D  
NAME BAKER, KEN  
STREET ADDRESS 5401-O BAYSHORE BLVD.  
CITY-ST-ZIP TAMPA, FL 33611

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000776723  
01/09/08-80034-021 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Sharon M. Gonsalves*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-7-08*  
Date

*813-837-8057*  
Daytime Phone #

*SHARON M. GONSALVES*