

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02039

FILED
Apr 23, 2009
Secretary of State

Entity Name: PARK BAYSHORE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5401 BAYSHORE BLVD
UNIT T
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

5401 BAYSHORE BLVD
UNIT T
TAMPA, FL 33611

New Mailing Address:

FEI Number: 59-2631270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LASKOWSKI, DEBORAH
Address: 5401-H BAYSHORE BOULEVARD
City-St-Zip: TAMPA, FL 33611

Title: SD () Delete
Name: DAVIDSON, BARBARA
Address: 5401 BAYSHORE BLVD UNIT K
City-St-Zip: TAMPA, FL 33611

Title: TD () Delete
Name: GONSALVES, SHARON
Address: 5401 BAYSHORE BLVD UNIT B
City-St-Zip: TAMPA, FL 33611

Title: P () Delete
Name: MISKOWSKI, MICHELE
Address: 5401-F BAYSHORE BOULEVARD
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: BAKER, KEN
Address: 5401-0 BAYSHORE BLVD.
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: GONSALVES, SHARON
Address: 5401 BAYSHORE BLVD UNIT B
City-St-Zip: TAMPA, FL 33611

Title: D (X) Change () Addition
Name: MISKOWSKI, MICHELE
Address: 5401-F BAYSHORE BOULEVARD
City-St-Zip: TAMPA, FL 33611

Title: TD (X) Change () Addition
Name: CUESTA, DONNA
Address: 5401-N BAYSHORE BLVD.
City-St-Zip: TAMPA, FL 33611

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA CUESTA

TREA

04/23/2009

Electronic Signature of Signing Officer or Director

Date