


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90055 015 ****61.25

DOCUMENT # N03000000193	
1. Entity Name	
THE BAYSIDE CONDOMINIUM ASSOCIATION OF TAMPA, INC.	

Principal Place of Business	Mailing Address
3232 S MACDILL AVE TAMPA FL 33629	777 S HARBOUR ISLAND BLVD STE 270 TAMPA FL 33602

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40021604



1st MOORE CR2E037 (10/06)

4. FEI Number	Applied For
32-0052360	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CONDOMINIUM ASSOCIATES 777 S HARBOR ISLAND BLVD, STE 270 TAMPA FL 33602	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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELTON, JUDY	NAME	
STREET ADDRESS	3232 S. MCDILL AVENUE #201	STREET ADDRESS	
CITY ST / ZIP	TAMPA FL 33629	CITY ST / ZIP	
TITLE	VDT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, BRANDI	NAME	
STREET ADDRESS	3232 S MACDILL AVENUE #205	STREET ADDRESS	
CITY ST / ZIP	TAMPA FL 33629	CITY ST / ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURCELL, CHARLIE	NAME	
STREET ADDRESS	3232 S. MACDILL AVENUE #208	STREET ADDRESS	
CITY ST / ZIP	TAMPA FL 33629	CITY ST / ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASTWOOD, JILL	NAME	
STREET ADDRESS	3232 S MACDILL AVE	STREET ADDRESS	
CITY ST / ZIP	TAMPA FL 33629	CITY ST / ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST / ZIP		CITY ST / ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST / ZIP		CITY ST / ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Judy Shelton 2-10-07