


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000003050


1. Entity Name
THE BELLAMY ON BAYSHORE OWNER'S ASSOCIATION, INC.



Principal Place of Business Mailing Address

4201 BAYSHORE BOULEVARD **4201 BAYSHORE BOULEVARD**
TAMPA, FL 33611 **TAMPA, FL 33611**

DO NOT WRITE IN THIS SPACE



01312005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
73-1697215 Not Applicable

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

6. Name and Address of Current Registered Agent

CHEEZEM, J. MICHAEL
2201 FOURTH STREET NORTH
SUITE 200
ST. PETERSBURG, FL 33704

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COOPER, GAIL M 2201 FOURTH STREET NORTH SUITE 200 ST. PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BEAUMONT, SANDRA D 2201 FOURTH STREET NORTH SUITE 200 ST. PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ALLEN, ROBERT L 2201 FOURTH STREET NORTH SUITE 200 ST. PETERSBURG, FL 33704
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1100001336277
04/27/05-80119-009 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, 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: Gail M Cooper 4/18/05 727-823-0022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #