


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90147 034 ****61.25

DOCUMENT # N03000003050

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



Principal Place of Business
**4201 BAYSHORE BOULEVARD
 TAMPA, FL 33611**

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

2. Principal Place of Business - No P.O. Box #


3. Mailing Address
777 S. Harbour Island Blvd

Suite, Apt. #, etc.
270

City & State
Tampa fl 33602

Zip
33602

Country



02142007 Chg-NP CR2E037 (12/06)

4. FEI Number
73-1697215

Applied For
 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**

7. Name and Address of New Registered Agent

Name **Condominium Associates**

Street Address (P.O. Box Number is Not Acceptable)
777 S. Harbour Island Blvd.

Suite 270

City **Tampa** FL Zip Code **33602**

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 **Julio Deon** (NOTE: Registered Agent signature required when reinstating)

DATE **3/21/07**

Filing Fee is **\$61.25** Due by **May 1, 2007**

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

Make check payable to **Florida Department of State**

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	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEAUMONT, SANDRA D 2201 FOURTH STREET NORTH SUITE 200 ST. PETERSBURG, FL 33704	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALLEN, ROBERT L 2201 FOURTH STREET NORTH SUITE 200 ST. PETERSBURG, FL 33704	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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	PD Charlie Ratto Tampa, FL 33611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Linda Welsh Tampa FL 33611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Dick Dobkins 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Julio Deon** President Date **March 20, 2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR