


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90326 001 ****61.25

DOCUMENT # N05000011719					
1. Entity Name NORTH TAMPA SHORES ASSOCIATION, INC.					
Principal Place of Business 2910 BAY TO BAY BLVD STE 200 TAMPA, FL 33629-8113			Mailing Address 2910 BAY TO BAY BLVD STE 200 TAMPA, FL 33629-8113		
2. Principal Place of Business - No P.O. Box # <u>3410 Henderson Blvd.</u>		3. Mailing Address <u>3410 Henderson Blvd.</u>			
Suite, Apt. #, etc. <u>200</u>		Suite, Apt. #, etc. <u>200</u>			
City & State <u>Tampa FL</u>		City & State <u>Tampa FL</u>			
Zip <u>33609</u> Country <u>USA</u>		Zip <u>33609</u> Country <u>USA</u>			
6. Name and Address of Current Registered Agent SMITH, W. LAWRENCE 101 E KENNEDY BLVD STE 3700 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;">FLZip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT GIBSON, WILLIAM L 2910 BAY TO BAY BLVD STE 200 TAMPA, FL 336298113 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TYSZKO, JOSEPH 2910 BAY TO BAY BLVD STE 200 TAMPA, FL 336298113 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	696 1st Avenue North, #203 St. Petersburg FL 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, JOSEPH A 2910 BAY TO BAY BLVD STE 200 TAMPA, FL 336298113 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3410 Henderson Blvd, #200 Tampa FL 33609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-08

Date

813-554-1200

Daytime Phone