

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001740

FILED
May 05, 2008
Secretary of State

Entity Name: BAYSHORE VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4711 S HIMES AVE
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

4711 S HIMES AVE
TAMPA, FL 33611

New Mailing Address:

FEI Number: 20-3832233 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SPAETH, JIM
4711 S HIMES AVENUE
TAMPA, FL 33611 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: PD () Delete
Name: COLLIER, JOE
Address: 4711 S HIMES AVENUE
City-St-Zip: TAMPA, FL 33611

Title: VPD () Delete
Name: CORLEW, JULIANNE V
Address: 4711 S HIMES AVENUE
City-St-Zip: TAMPA, FL 33611

Title: SD () Delete
Name: SPAETH, JIM
Address: 4711 S HIMES AVENUE
City-St-Zip: TAMPA, FL 33611

Title: T (X) Delete
Name: PALMER, MAURA
Address: 4711 S HIMES AVENUE
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPSD (X) Change () Addition
Name: CORLEW, JULIANNE V
Address: 4711 S HIMES AVENUE
City-St-Zip: TAMPA, FL 33611

Title: TD (X) Change () Addition
Name: PALMER, MAURA
Address: 4711 S HIMES AVENUE
City-St-Zip: TAMPA, FL 33611

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

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: JULIANNE CORLEW

VPSD

05/05/2008

Electronic Signature of Signing Officer or Director

Date