FILED
May 01, 2008 8:00 am
Secretary of State
05-01-2008 90186 012 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000012968

1. Entity Name
BAYSIDE NORTH CONDOMINIUM ASSOCIATION, INC.

60035815

Principal Place of Business	Mailing Address
~~7650 COURTNEY CAMPBELL CAUSEWAY~~ ~~SUITE 920~~ ~~TAMPA, FL 33607~~	~~7650 COURTNEY CAMPBELL CAUSEWAY~~ ~~SUITE 920~~ ~~TAMPA, FL 33607~~

01182008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3001 Executive Dr	3001 Executive Dr.
Suite, Apt. #, etc.: Suite 260	Suite, Apt. #, etc.: Suite 260
City & State: Clearwater, FL	City & State: Clearwater, FL
Zip: 33762 Country: Pinellas	Zip: 33762 Country: Pinellas

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~STERN, ROBERT G~~ ~~TRENAM, KEMKER, SCHARF, BARKIN, O'NEIL & M~~ ~~101 E. KENNEDY BLVD., SUITE 2700~~ ~~TAMPA, FL 33602~~	Name: Condominium Associates Street Address (P.O. Box Number is Not Acceptable): 3001 Executive Dr. Suite 260 City: Clearwater FL Zip Code: 33762

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: Karl Emmerl, PRES 4-16-08
Signature, typed or printed name of registered agent (if different from officer) and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WRIGHT, ANDREW 7650 COURTNEY CAMPBELL CAUSEWAY, STE 920 TAMPA, FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV GLAS, RON 7650 COURTNEY CAMPBELL CAUSEWAY, STE 920 TAMPA, FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST KATTAN, DARRON 7650 COURTNEY CAMPBELL CAUSEWAY TAMPA, FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: 4/28/08 8133397300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #