2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N10480

Entity Name: BAYSHORE PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1207 N. HIMES AVE.
SUITE 3
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

1207 N. HIMES AVE.
SUITE 3
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 59-2753184 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNIGUE PROPERTY SERVICE, INC
1207 N. HIMES AVE.
SUITE 3
TAMPA, FL 33607 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: STREICHER, CRAIG
Address: 2314 S. CLEWIS CT. 302
City-St-Zip: TAMPA, FL 33629

Title: VPD ( ) Delete
Name: SENN, JENNIFER
Address: 2314 S. CLEWIS CT. #102
City-St-Zip: TAMPA, FL 33629

Title: SD ( ) Delete
Name: BAKER, CARRIE
Address: 2314 S. CLEWIS CT. #104
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete
Name: WEISSER, CHRISTINE
Address: 2314 CLEWIS CT 305
City-St-Zip: TAMPA, FL 33629

Title: TD ( ) Delete
Name: GOUGH, LOREN
Address: 2314 S. CLEWIS CT. #104
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: STREICHER, JENNIFER
Address: 2314 S. CLEWIS CT. #302
City-St-Zip: TAMPA, FL 33629

Title: SD (X) Change ( ) Addition
Name: SHAMONSKY, TRACY
Address: 2314 S. CLEWIS CT. #203
City-St-Zip: TAMPA, FL 33629

Title: TD (X) Change ( ) Addition
Name: WEISSER, CHRISTINE
Address: 2314 CLEWIS CT 305
City-St-Zip: TAMPA, FL 33629

Title: D (X) Change ( ) Addition
Name: BELL, DANIEL
Address: 2314 S. CLEWIS CT. #105
City-St-Zip: TAMPA, FL 33629

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: CRAIG STREICHER PD 04/30/2008

Electronic Signature of Signing Officer or Director — Date