2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State
04-09-2007 90061 022 ****61.25

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DOCUMENT # N11462

1. Entity Name
BAYSHORE BOULEVARD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4950 BAYSHORE BLVD. TAMPA, FL 33611 US	C/O JACOB REAL ESTATE SERVICES, INC P.O. BOX 2757 TAMPA, FL 33601-2157 US

02142007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
c/o	Condominium Associates
Suite, Apt. #, etc.	Suite, Apt. #, etc. 3001 Executive Dr. #260
City & State	City & State Clearwater FL
Zip / Country	Zip / Country 33762 US

4. FEI Number
65-0002730
☐ 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
JACOB, JAMES C 115 S ALBANY AVE TAMPA, FL 33606	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 Thurnau, PRES. DATE: 5/14/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KEPNER, EDWARD S 4950 BAYSHORE BLVD, # 19 TAMPA, FL 33611	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Ullman, Daphne 4950 Bayshore Blvd., # 7 Tampa, FL 33611	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZEWADSKI, WILLIAM 4950 BAYSHORE BLVD, #20 TAMPA, FL 33611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Starkey, Roma 4950 Bayshore Blvd., #22	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD OLDEN, ALVIN 4950 BAYSHORE BLVD, # 3 TAMPA, FL 33611	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Redding, John 4950 Bayshore Blvd., #9 Tampa, FL 33611	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SIGLER, RALPH 4950 BAYSHORE BLVD, # 15 TAMPA, FL 33611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GILLIS, DONNA 4950 BAYSHORE BLVD, 21 TAMPA, FL 33611	☒ 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: Roma Starkey Secretary 3/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #