

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90018 005 ****61.25

DOCUMENT # N11462

1. Entity Name
**BAYSHORE BOULEVARD CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**4950 BAYSHORE BLVD.
TAMPA, FL 33611 US**

Mailing Address
**C/O CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR., #260
CLEARWATER, FL 33762 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03142008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0002730

Applied For
Not Applicable

Zip

Country

Zip

Country

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.~~
**CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR., SUITE #260
CLEARWATER, FL 33762**

Name
Condominium Associates
Street Address (P.O. Box Number is Not Acceptable)
3001 Executive Dr. Suite 260
Clearwater
City
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 *By Conrad Caldwell, VICE PRESIDENT*

4-3-08

**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
TD
ULLMAN, DAPHNE
4950 BAYSHORE BLVD. #7
TAMPA, FL 33611 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
STARKEY, ROMA
4950 BAYSHORE BLVD. #22
TAMPA, FL 33611 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SIGLER, RALPH
4950 BAYSHORE BLVD, # 15
TAMPA, FL 33611 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Donna Lee Fabian Director ☐ Change ☒ Addition
4950 Bayshore Blvd. #8
Tampa, FL 33611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
REDDING, JOHN
4950 BAYSHORE BLVD. #9
TAMPA, FL 33611 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President ☒ 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 corporate empowered.

SIGNATURE: *Roma Starkey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
Daytime Phone #

4-3-08 573-9300