

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N11657

1. Entity Name
**SIXTY-TWO TWELVE BAYSHORE CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**6212 BAYSHORE BLVD
TAMPA, FL 33611**

Mailing Address
**6212 BAYSHORE BLVD
TAMPA, FL 33611**



01212005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2821105

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ED SAVITZ
BUSH ROSS
220 S FRANKLIN ST
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LUX, STEVE
6212-A BAYSHORE BLVD.
TAMPA, FL 33611**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
O'KELLEY, CHARLES
6212-J BAYSHORE BLVD.
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
TOPE, KIMBERLY
6212 E BAYSHORE BLVD
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DAVIS, BOB
6212 I BAYSHORE BLVD
TAMPA, FL 33611**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BATES, SANDRA
6212 L BAYSHORE BLVD
TAMPA, FL 33611**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ex 102