


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N11657 1. Entity Name SIXTY-TWO TWELVE BAYSHORE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 6212 BAYSHORE BLVD TAMPA, FL 33611	Mailing Address 6212 BAYSHORE BLVD TAMPA, FL 33611
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01062006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 59-2821105	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ED SAVITZ BUSH ROSS 220 S FRANKLIN ST TAMPA, FL 33602

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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
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	LUX, STEVE
STREET ADDRESS	6212-A BAYSHORE BLVD.
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	TD
NAME	O'KELLEY, CHARLES
STREET ADDRESS	6212-J BAYSHORE BLVD.
CITY-ST-ZIP	TAMPA, FL
TITLE	DS
NAME	TOPE, KIMBERLY
STREET ADDRESS	6212 E BAYSHORE BLVD
CITY-ST-ZIP	TAMPA, FL
TITLE	PD
NAME	DAVIS, BOB
STREET ADDRESS	6212 I BAYSHORE BLVD
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	D
NAME	BATES, SANDRA
STREET ADDRESS	6212 L BAYSHORE BLVD
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: <i>Charles O'Kelley</i> <i>Director</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 01/06/06	Daytime Phone # 813-835-8801
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