


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90102 046 \*\*\*\*61.25

<b>DOCUMENT # N14124</b> 1. Entity Name <b>BAYSHORE REGENCY CONDOMINIUM ASSOCIATION, INC.</b>	
---	---

Principal Place of Business <b>3435 BAYSHORE BLVD. TAMPA, FL 33629</b>	Mailing Address <b>3435 BAYSHORE BLVD. TAMPA, FL 33629</b>
---	---

2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
---	---

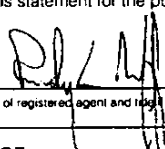
City & State  Zip Country	City & State  Zip Country
---------------------------------	---------------------------------



01092008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-2857169</b>		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 <b>COHEN, GARY 3435 BAYSHORE BLVD #600 TAMPA, FL 33629</b>		7. Name and Address of New Registered Agent Name <b>Randy Nuff</b> Street Address (P.O. Box Number is Not Acceptable) <b>3435 Bayshore Blvd</b> City <b>Tampa</b> FL Zip Code <b>33629</b>

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  (NOTE: Registered Agent signature required when reinstating) DATE **1/9/08**

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WALLACE, PETER 3435 BAYSHORE BLVD #301 TAMPA, FL 33629</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Same</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CASEY, BETTY 3435 BAYSHORE BLVD #1100 TAMPA, FL 33629</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>..</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S ALEXANDER, A. M. 3435 BAYSHORE BLVD #1200 TAMPA, FL 33629</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>..</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP COHEN, GARY 3435 BAYSHORE BLVD #600 TAMPA, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>..</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SURINGA, DIRK 3435 BAYSHORE BLVD #1600 TAMPA, FL 33629</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>..</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BONNER, JANE 3435 BAYSHORE BLVD #1201 TAMPA, FL 33629</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>..</b> <input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE **1/9/08** DAYTIME PHONE # **(813) 837-8615**