

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14124

FILED
Feb 12, 2009
Secretary of State

Entity Name: BAYSHORE REGENCY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3435 BAYSHORE BLVD.
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

3435 BAYSHORE BLVD.
TAMPA, FL 33629

New Mailing Address:

FEI Number: 59-2857169

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEFF, RANDY
3435 BAYSHORE BLVD
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALLACE, PETER
Address: 3435 BAYSHORE BLVD #301
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: CASEY, BETTY
Address: 3435 BAYSHORE BLVD #1100
City-St-Zip: TAMPA, FL 33629

Title: S () Delete
Name: ALEXANDER, A. M.
Address: 3435 BAYSHORE BLVD #1200
City-St-Zip: TAMPA, FL 33629

Title: VP () Delete
Name: COHEN, GARY
Address: 3435 BAYSHORE BLVD #600
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: SURINGA, DIRK
Address: 3435 BAYSHORE BLVD #1600
City-St-Zip: TAMPA, FL 33629

Title: T () Delete
Name: BONNER, JANE
Address: 3435 BAYSHORE BLVD #1201
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BONNER, JANE
Address: PO BOX 10217
City-St-Zip: TAMPA, FL 33679

Title: VP (X) Change () Addition
Name: DIVERS, JERRY
Address: PO BOX 10217
City-St-Zip: TAMPA, FL 33679

Title: S (X) Change () Addition
Name: ALEXANDER, A. M.
Address: PO BOX 10217
City-St-Zip: TAMPA, FL 33679

Title: D (X) Change () Addition
Name: COHEN, GARY
Address: PO BOX 10217
City-St-Zip: TAMPA, FL 33679

Title: D (X) Change () Addition
Name: SURINGA, DIRK
Address: PO BOX 10217
City-St-Zip: TAMPA, FL 33679

Title: D (X) Change () Addition
Name: SHIRES, GRETCHEN
Address: PO BOX 10217
City-St-Zip: TAMPA, FL 3379

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE BONNER

P

02/12/2009

Electronic Signature of Signing Officer or Director

Date