## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## May 10, 1999 8:00 am Secretary of State

05-10-1999 90185 001 \*\*\*\*61.25

| DOCUMENT : | # N22870 |
|------------|----------|

1. Corporation Name

BAYSHORE POINTE CONDOMINIUM ASSOCIATION, INC.

| Principal Place  | e of Business  | Mailing Address                    |  | 1                                |               |            |
|--|--|------------------------------------|--|----------------------------------|---------------|------------|
| 701 BAYSHORI   | E BLVD.  | 701 BAYSHORE BLVD.                 |  |                                  | <u> </u>      |            |
| SUITE 201<br>TAMPA FL 336  | one.   | Suite 201<br>Tampa Fl. 33606       |  |                                  |               |            |
| TAMPA FL 330   | <b>100</b>   | TAMEN 1 L 30000                    |  |                                  |               |            |
|  |  |                                    |  |                                  | *****         |            |
| 2. Principal Pl  | lace of Business                                     | 2a. Mailing Address                | ·  | 3. Date Incorporated or Qualifed |               | · · · · ·  |
| 21   |  | 26                                 |  | 10/06/1987                       |               |            |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.                |  | 4. FEI Number                    | Apr           | olied For  |
| 22   |  | 27                                 |  | 59-2871907                       |               | Applicable |
| City & State   | e  | City & State                       |  | 5. Certificate of Status Desired | \$8.75 A      |            |
| 23   | <u> </u>   | 28                                 |  | or Controlled or States Declined | Fee Rec       | quired     |
| Zip  | Country  | Zip                                | Country                                      | 6. Election Campaign Financing   | \$5.00 t      | -          |
| 24   | 25   | 29 30                              | <u> </u>                                     | Trust Fund Contribution          | Added to      | Fees       |
| Name and Address of Current Registered Agent   |  |                                    | 10. Name and Address of New Registered Agent |                                  |               |            |
|  |  |                                    | 81 Name                                      | Larles A. McCI                   | <u>, U 17</u> | <u> </u>   |
| 101011111111111111111111111111111111111  |  |                                    | ass (P.O. Box Number is Not Appaplable)      | Vaits.                           | 201           |            |
| 701 BAYSHORE BOULEVARD   |  | 83                                 | 1 Daywar Colva,                              | <u> </u>                         | ~ -           |            |
| SUITE 202  |  | 63                                 | ₩  |                                  |               |            |
| TAMPA FL   | _ 33606  |                                    | 84 City 79                                   | FMPA FL                          | 85 Zip        | 60°C       |
|  |  |                                    |  |                                  |               | registered |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such oftenge was authorized by the purpose of changing its registered of the purpose of Section 547.0503 S |  |                                    |  |                                  | istered       |            |
| agent. I am familiar with, and accept the obligations of, Section 6 7,0503 Florida Statutes  |  |                                    | T GY ANNI                                    | 1 144                            | 19            |            |
| SIGNATURE  | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: Re | gistered Agent signature required            | when Diffestating)               |               |            |
| 12.  | OFFICERS ANI   |                                    | 13.  | ADDITIONS/CHANGES TO OFFICERS AF | ID DIRECTOR   | RS IN 12   |
| πLE  | VD   | ☑ DELETE                           | 1.1 TITLE                                    | <del>-</del> ····                | Change        | Addition   |
| NAME   | TORINA, DONALD L.                                    |                                    | 1.2 NAME                                     |                                  |               |            |
| STREET ADDRESS   | 701 BAYSHORE BLVD.                                   | /                                  | 1.3 STREET ADDRESS                           |                                  |               | 1          |
| CITY-ST-ZIP  | TAMPA FL   |                                    | 1.4 CITY+ST-ZIP                              |                                  | <u> </u>      |            |
| TITLE  | S  | DELETE                             | 2.1 TITLE                                    |                                  | Change        | ☐ Addition |
| NAME   | TORINA, ELAINE M.                                    |                                    | 2.2 NAME                                     |                                  |               |            |
| STREET ADDRESS   | 701 BAYSHORE BLVD.                                   |                                    | 2.3 STREET ADDRESS                           |                                  |               |            |
| CITY-ST-ZIP .  | TAMPA FL   |                                    | 2.4 CITY-ST-ZIP                              |                                  |               |            |
| TITLE  | PD   | ☐ DELETE                           | 3.1 TITLE                                    |                                  | ☐ Change      | ☐ Addition |
| NAME   | WARD, KEN  |                                    | 3.2 NAME                                     |                                  |               |            |
| STREET ADDRESS   | 701 BAYSHORE BLVD.                                   |                                    | 3.3 STREET ADDRESS                           |                                  |               | ĺ          |
| CITY-ST-ZIP  | TAMPA FL   |                                    | 3.4. CITY-ST-ZIP                             |                                  |               |            |
| TITLE  | TD   | ☐ DELETE                           | 4.1 TITLE                                    |                                  | Change        | ☐ Addition |
| NAME   | MCCLURE, CHARLES A                                   |                                    | 4,2 NAME                                     |                                  |               |            |
| STREET ADDRESS   | [  |                                    | 4.3 STREET ADDRESS                           |                                  |               |            |

14. 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 annual report or supplemental annual 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 pastes empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or the authority with an address, with all other like empowered.

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TAMPA FL

Katherine S. WARD 701 Bay shone Blod.

Addition

Change

Juite

☐ Change — ☐ Addition