


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # N22870
1. Entity Name
BAYSHORE POINTE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**701 BAYSHORE BLVD.
TAMPA, FL 33606**

Mailing Address
**701 BAYSHORE BLVD.
TAMPA, FL 33606**

DO NOT WRITE IN THIS SPACE



02132004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2871907

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WARD, KEN
701 BAYSHORE BLVD
TAMPA, FL 33606**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000092211
03/18/04-80040-009 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WARD, KEN 701 BAYSHORE BLVD. TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WARD, MARGARET M 339 GLEN OAKS AVE TEMPLE TERRACE, FL 33617
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WARD, KATHERINE S 701 BAYSHORE BLVD TAMPA, FL 33606
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Ken Ward **Ken Ward** 3/12/04 813-988-2619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #