


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

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



Principal Place of Business _____ Mailing Address _____
701 BAYSHORE BLVD. 701 BAYSHORE BLVD.
TAMPA, FL 33606 TAMPA, FL 33606



03282005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

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

000000315560
 04/19/05-80040-020 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]* 3/29/05 813-251-4198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #