

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 01, 2009
Secretary of State**

DOCUMENT# N49925

Entity Name: BAYSHORE PROMENADE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2419 BAYSHORE BLVD
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

1207 N. HIMES AVE.
SUITE 3
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 59-3186799 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

UNIQUE PROPERTY SERVICE INC
1207 N. HIMES AVE
SUITE 3
TAMPA, FL 33607 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: TSD () Delete
Name: LIGGETT, JANE
Address: 2419 BAYSHORE BLVD.
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: WILKES, JAMES
Address: 2419 BAYSHORE BLVD.
City-St-Zip: TAMPA, FL 33629

Title: PD (X) Delete
Name: HIMES, FRASER
Address: 2419 BAYSHORE BLVD.
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HIMES, FRASER
Address: 2419 BAYSHORE BLVD.
City-St-Zip: TAMPA, FL 33629

Title: TSD (X) Change () Addition
Name: WILKES, JAMES
Address: 2419 BAYSHORE BLVD.
City-St-Zip: TAMPA, FL 33629

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FRASER HIMES

PD

05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date