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Mar 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003922 (1)
1. Corporation Name
BAYSIDE KEY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 6000 BAYSIDE KEY DR. TAMPA FL 33615
Mailing Address: C/O UNIVERSITY PROPERTIES INC. 824 EAST FLETCHER AVE. TAMPA FL 33612-2613

3. Date Incorporated or Qualified: 08/08/1994
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-3280459
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
22. Suite, Apt. #, etc.: 27
23. City & State: 28
24. Zip: 25 Country: 29 Country: 30

9. Name and Address of Current Registered Agent
LERNER, PATRICIA LEIB
606 MADISON STREET
SUITE 200T
TAMPA FL 33602

10. Name and Address of New Registered Agent
81 Name: Lerner, Patricia Leib
82 Street Address (P.O. Box Number is Not Acceptable): 420 W. Platt Street
83
84 City: Tampa, FL. FL 85 Zip Code: 33606

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 change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes

SIGNATURE: _____ DATE: _____
S is a date typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD TUCKER, JOHN V 6006 BAYSIDE KEY DRIVE TAMPA FL 33615	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD SMITH, RENEE 6234 BAYSIDE KEY DRIVE TAMPA FL 33615	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	SID CORREIA, LINDA
STREET ADDRESS		2.3 STREET ADDRESS	5986 BAYSIDE KEY DRIVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Tampa, FL. 33615
TITLE	TD MARCELLO, JUDITH 6135 BAYSIDE KEY DRIVE TAMPA FL 33615	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VPD CULLEN, LAURIE 6010 BAYSIDE KEY DRIVE TAMPA FL 33615	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	2VP HILAMAN, STEVEN L 6137 BAYSIDE KEY DRIVE TAMPA FL 33615	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rauri Cullen 2/22/97 813-287-7272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048000

CR2E037 (9/96)