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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 8000 BAYSIDE KEY DR. TAMPA FL 33615
Mailing Address: C/O UNIVERSITY PROPERTIES INC. 824 EAST FLETCHER AVE. TAMPA FL 33612-2601

3. Date Incorporated or Qualified: 08/08/1994
4. FEI Number: 59-3280459
Applied For: Not Applicable

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

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
LERNER, PATRICIA LEIB
420 W PLATT ST
TAMPA FL 33608

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TUCKER, JOHN V	
STREET ADDRESS	8000 BAYSIDE KEY DRIVE	
CITY - ST - ZIP	TAMPA FL 33615	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CORREIA, LINDA	
STREET ADDRESS	5936 BAYSIDE KEY DR	
CITY - ST - ZIP	TAMPA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MARCELLO, JUDITH	
STREET ADDRESS	6185 BAYSIDE KEY DRIVE	
CITY - ST - ZIP	TAMPA FL 33615	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	CULLEN, LAURIE	
STREET ADDRESS	8010 BAYSIDE KEY DRIVE	
CITY - ST - ZIP	TAMPA FL 33615	
TITLE	ZVP	<input checked="" type="checkbox"/> DELETE
NAME	HILAMAN, STEVEN L	
STREET ADDRESS	6187 BAYSIDE KEY DRIVE	
CITY - ST - ZIP	TAMPA FL 33615	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DD	<input checked="" type="checkbox"/> Exchange <input checked="" type="checkbox"/> Addition
1.2 NAME	Margaret Wood	
1.3 STREET ADDRESS	6348 Bayside Key Dr.	
1.4 CITY - ST - ZIP	Tampa, FL 33615	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CORREIA, LINDA	
2.3 STREET ADDRESS	5936 Bayside Key Drive	
2.4 CITY - ST - ZIP	Tampa, FL 33615	
3.1 TITLE	TID	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Chevalier, Fran	
3.3 STREET ADDRESS	6004 Bayside Key Dr.	
3.4 CITY - ST - ZIP	Tampa, FL 33615	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 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 _____ DATE 2/26/98 BY 8919117

CFR2037 (10/97)