

FILED  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 91842 018 \*\*\*\*61.25

2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005699

1. Entity Name  
BAYSHORE GARDENS COMMERCIAL CENTER  
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
111 2 AVE NE  
ST PETERSBURG, FL 33701

Mailing Address  
111 2 AVE NE  
ST PETERSBURG, FL 33701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3601896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ADEMY, GERALD P  
111 2 AVE NE  
ST PETERSBURG, FL 33701

7. Name and Address of New Registered Agent

Name

THOMAS A. MANN

Street Address (P.O. Box Number is Not Acceptable)

111 2ND AVE. NE.

City

ST. PETERSBURG

FL

Zip Code

33701

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5/1/03  
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PD ADEMY, GERALD P	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	111 2 AVE NE	
CITY-ST-ZIP	ST PETERSBURG, FL 33701	
TITLE NAME	VPO SCHWARTZ, OSCAR	<input type="checkbox"/> Delete
STREET ADDRESS	ONE TOWNE SQUARE, SUITE 1913	
CITY-ST-ZIP	SOUTHFIELD, MI 48076	
TITLE NAME	STD CLARK, MICHAEL D	<input type="checkbox"/> Delete
STREET ADDRESS	111 2ND AVE., N.E.	
CITY-ST-ZIP	ST PETERSBURG, FL 33701	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD THOMAS A MANN II	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	111 2ND AVE NE	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03 727-502-3759  
Daytime Phone #

CR2E037 (10/02)