

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003050

Entity Name: THE BELLAMY ON BAYSHORE OWNER'S ASSOCIATION, INC.

FILED
Jan 05, 2024
Secretary of State
6609059087CC

Current Principal Place of Business:

C/O CONDOMINIUM ASSOCIATES
777 S HARBOUR ISLAND BLVD STE 270
TAMPA, FL 33602

Current Mailing Address:

C/O CONDOMINIUM ASSOCIATES
777 S HARBOUR ISLAND BLVD STE 270
TAMPA, FL 33602 US

FEI Number: 73-1697215

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SILBERMAN, AARON J ESQ.
1105 W. SWANN AVENUE
TAMPA, FL 33606 US

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: AARON SILBERMAN

01/05/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, TREASURER
Name STREET, DAVID
Address C/O CONDOMINIUM ASSOCIATES
 777 S HARBOUR ISLAND BLVD STE
 270
City-State-Zip: TAMPA FL 33602

Title SECRETARY
Name KATZ, SCOTT
Address C/O CONDOMINIUM ASSOCIATES
 777 S HARBOUR ISLAND BLVD STE
 270
City-State-Zip: TAMPA FL 33602

Title VP
Name MUSOLINO, PATRICIA
Address C/O CONDOMINIUM ASSOCIATES
 777 S HARBOUR ISLAND BLVD STE
 270
City-State-Zip: TAMPA FL 33602

Title DIRECTOR
Name COHEN, ALAN
Address C/O CONDOMINIUM ASSOCIATES
 777 S HARBOUR ISLAND BLVD STE
 270
City-State-Zip: TAMPA FL 33602

Title DIRECTOR
Name APTE, SUHAS
Address C/O CONDOMINIUM ASSOCIATES
 777 S HARBOUR ISLAND BLVD STE
 270
City-State-Zip: TAMPA FL 33602

I hereby 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 all other like empowered.

SIGNATURE: DAVID STREET

PRESIDENT

01/05/2024

Electronic Signature of Signing Officer/Director Detail

Date