

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR - 8 PM 3:11

DOCUMENT # 749323 (2)

1. Corporation Name

5010 BAYSHORE CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

5010 BAYSHORE BLVD.
TAMPA FL 33611

5010 BAYSHORE BLVD.
TAMPA FL 33611

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/15/1979
3a. Date of Last Report 07/21/1994

4. FEI Number 59-1968869
Applied For Not Applicable

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, HOYLE
5010 BAY SHORE BLVD #11
TAMPA FL 33611

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Hoyle Wilson

(NOTE: Registered Agent signature required when registering)

Feb. 21, 95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	BENTLEY, LEE
STREET ADDRESS	5010 BAYSHORE BLVD #3
CITY- ST- ZIP	TAMPA FL
TITLE	PD
NAME	ARMISTEAD, WILLIAM
STREET ADDRESS	5010 BAYSHORE BLVD. #4
CITY- ST- ZIP	TAMPA FL
TITLE	DS
NAME	GOULD, ZOE
STREET ADDRESS	5010 BAYSHORE BLVD. #5
CITY- ST- ZIP	TAMPA FL
TITLE	DT
NAME	NIX, GILMER
STREET ADDRESS	5010 BAYSHORE BLVD. #1
CITY- ST- ZIP	TAMPA FL
TITLE	D
NAME	ORCUTT, BRENDA
STREET ADDRESS	5010 BAYSHORE BLVD. #12
CITY- ST- ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Laura Bentley	
1.3 STREET ADDRESS	5010 Bayshore # 3	
1.4 CITY- ST- ZIP	Tampa, Fla 33611	
2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mary Audrey Wilson	
2.3 STREET ADDRESS	5010 Bayshore #11	
2.4 CITY- ST- ZIP	Tampa, Florida	
3.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Morty Gould	
3.3 STREET ADDRESS	5010 Bayshore #5	
3.4 CITY- ST- ZIP	Tampa, Fla 33611	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Barbara Garrell	
4.3 STREET ADDRESS	5010 Bayshore #2	
4.4 CITY- ST- ZIP	Tampa, Fla 33611	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Brucie Johnston	
5.3 STREET ADDRESS	5010 Bayshore #8	
5.4 CITY- ST- ZIP	Tampa, Fla 33611	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Mary Audrey Wilson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20, 1995 813-839-1342

MARY AUDREY WILSON