

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 749323 (2)
 1. Corporation Name

5010 BAYSHORE CONDOMINIUM, INC.



Principal Place of Business: **5010 BAYSHORE BLVD. TAMPA FL 33611**
 Mailing Address: **5010 BAYSHORE BLVD. TAMPA FL 33611**

3. Date Incorporated or Qualified: **10/15/1979**
 3a. Date of Last Report: **03/08/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		28		59-1968869		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	BD	<input type="checkbox"/> DELETE
NAME	BENTLEY, LAURA	
STREET ADDRESS	5010 BAYSHORE BLVD #3	
CITY-ST-ZIP	TAMPA FL	
TITLE	BS	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, MARY A	
STREET ADDRESS	5010 BAYSHORE #11	
CITY-ST-ZIP	TAMPA FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	GOULD, MORTY	
STREET ADDRESS	5010 BAYSHORE #5	
CITY-ST-ZIP	TAMPA FL	
TITLE	D SECRETARY	<input type="checkbox"/> DELETE
NAME	GARRELL, BARBARA	
STREET ADDRESS	5010 BAYSHORE #2	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSTON, BRUCIE	
STREET ADDRESS	5010 BAYSHORE #8	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Greg S Orcutt
1.3 STREET ADDRESS	5010 Bayshore Blvd #10
1.4 CITY-ST-ZIP	Tampa FL 33611
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Dottie Armistead
2.3 STREET ADDRESS	5010 Bayshore Blvd #4
2.4 CITY-ST-ZIP	Tampa FL 33611
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hoyle Wilson
3.3 STREET ADDRESS	5010 Bayshore Blvd #11
3.4 CITY-ST-ZIP	Tampa FL 33611
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E037 (3/96)