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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33611-3859
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/15/1979	3a. Date of Last Report 07/11/1996
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 59-1968869	Applied For <input type="checkbox"/> Not Applicable
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

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. City			
				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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	BENTLEY, LAURA	1.2 NAME	FORD, Nancy
STREET ADDRESS	5010 BAYSHORE BLVD #3	1.3 STREET ADDRESS	5010 Bayshore Blvd #6
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	DV
NAME	ORCUTT, GREG J.	2.2 NAME	ORCUTT, Greg J.
STREET ADDRESS	5010 BAYSHORE BLVD #12	2.3 STREET ADDRESS	5010 Bayshore Blvd #11
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	DT
NAME	ARMISTED, DOTTIE	3.2 NAME	
STREET ADDRESS	5010 BAYSHORE BLVD #4	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	DS
NAME	GARRELL, BARBARA	4.2 NAME	Garrett M. Murray
STREET ADDRESS	5010 BAYSHORE #2	4.3 STREET ADDRESS	5010 Bayshore Blvd #2
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	DV	5.1 TITLE	DP
NAME	NELSON, HAYLE	5.2 NAME	WILSON, Hoyle
STREET ADDRESS	5010 BAYSHORE BLVD #11	5.3 STREET ADDRESS	5010 Bayshore Blvd #11
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: **J. R. Houke Wilson** *J. R. Houke Wilson* Jan 22, 97 (913) 839-1342

CR2E037 (9/96)