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Secretary of State

04-22-1999 90142 012 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 706641

1. Corporation Name

BAILEY'S BLUFF CIVIC ASSOCIATION, INC.



388987 - 90142 - 12



Principal Place of Business

Mailing Address

2110 GULFVIEW DR (HOLIDAY 34691)
 P O BOX 103
 TARPON SPRINGS FL 34688

2110 GULFVIEW DR (HOLIDAY 34691)
 P O BOX 103
 TARPON SPRINGS FL 34688

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/02/1964	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-1776288	
22		27		Applied For	
City & State		City & State		Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/>	
Zip		Zip		\$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing <input type="checkbox"/>	
24		25		29	
25		29		30	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEVENS, JAMES M.
 35 W LEMON ST
 TARPON SPRINGS FL 34689

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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	P <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERRY, HELEN	1.2 NAME	KIM DOWD
STREET ADDRESS	1932 COVE CT	1.3 STREET ADDRESS	3225 Bluff Blvd.
CITY-ST-ZIP	HOLIDAY FL 34691	1.4 CITY-ST-ZIP	Holiday, FL 34691
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAVREAU, ED	2.2 NAME	CLARA CRANE
STREET ADDRESS	3130 BLUFF BLVD	2.3 STREET ADDRESS	3120 Bluff Blvd.
CITY-ST-ZIP	HOLIDAY FL 34691	2.4 CITY-ST-ZIP	Holiday, FL 34691
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTSON, KATHY	3.2 NAME	JUDY DUNN
STREET ADDRESS	3215 BLUFF BLVD	3.3 STREET ADDRESS	3201 Bluff Blvd.
CITY-ST-ZIP	HOLIDAY FL 34691	3.4 CITY-ST-ZIP	Holiday, FL 34691
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARDINER, BARBARA	4.2 NAME	MADLINE MORRIS
STREET ADDRESS	3200 BLUFF BLVD	4.3 STREET ADDRESS	1907 Gulfview
CITY-ST-ZIP	HOLIDAY FL	4.4 CITY-ST-ZIP	Holiday, FL 34691
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, DON	5.2 NAME	ANN SCHNELL
STREET ADDRESS	3338 PINEVIEW DR	5.3 STREET ADDRESS	1928 Gulfview
CITY-ST-ZIP	HOLIDAY FL 34691	5.4 CITY-ST-ZIP	Holiday, FL 34691
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWD, BOB	6.2 NAME	
STREET ADDRESS	3225 BLUFF BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL 34691	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 727-736-1411

Date Daytime Phone #

CR2E037_ (1/198)