

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 723118

(6)

1. Corporation Name

BOCA CIEGA POINT EAST TEN CONDOMINIUM CORPORATIO
N, INC

Principal Place of Business

Mailing Address

275 BOCA CIEGA POINT BLVD
ST. PETERSBURG FL 33708

275 BOCA CIEGA POINT BLVD
ST. PETERSBURG FL 33708



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		04/11/1972		05/01/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-1561104		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FEDERATION OF BOCA CIEGA PT CONDO, INC.
275 BOCA CIEGA POINT BLVD
ST. PETERSBURG FL 33708

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	PD	1.1 TITLE	VPD
NAME	CHRIST, BERNIE	1.2 NAME	Jerry Roniger
STREET ADDRESS	547 BOCA CIEGA PT. BLVD. S	1.3 STREET ADDRESS	275 Boca Ciega Pt. Bv.
CITY-ST-ZIP	ST PETERSBURG, FL 00000	1.4 CITY-ST-ZIP	ST. Pete, FL
TITLE	TD	2.1 TITLE	TD
NAME	BECKMAN, GEORGE	2.2 NAME	Joan Burke
STREET ADDRESS	555 BOCA CIEGA PT. BLVD. S	2.3 STREET ADDRESS	275 Boca Ciega Pt Bv.
CITY-ST-ZIP	ST PETERSBURG, FL 00000	2.4 CITY-ST-ZIP	ST. Pete, FL
TITLE	PD	3.1 TITLE	BURT, Jean
NAME	DUDEK, JEAN	3.2 NAME	275 Boca Ciega Pt Blvd.
STREET ADDRESS	615 BOCA CIEGA PT. BLVD. S	3.3 STREET ADDRESS	St. Pete, FL 33708
CITY-ST-ZIP	ST PETERSBURG, FL 00000	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	POWERS, GERALDINE	4.2 NAME	
STREET ADDRESS	643 BOCA CIEGA PT BLVD SOUTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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

4/17/96 (813) 398-1270

CR2E037 (12/95)