FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**1. Corporation Name

723118

(6)

BOCA CIEGA POINT EAST TEN CONDOMINIUM CORPORATIO N. INC

I KRAKKI MERUK KIRAS KKIRI MERUK KARI MAKI AMERI BURUK BERKA BIRKI REBKI BERKI BERKI BERKI BERKI BARKI

FILED

Apr 29 1998 8:00am Secretary of State

Principal Place of Business Mailing Address			- I LODALI CODIO SEBOT ILIOS CEDEL LIBER JOHN DIDIL	it Bratt aldit Qiaki Alait Iaat		
275 BOCA CIEGA POINT BLVD 8T. PETERSBURG FL 33708 275 BOCA CIEGA POINT BLVD ST. PETERSBURG FL 33708			Date Incorporated or Qualified 04/11/1972 FEI Number	Applied For		
			59-1561104	Not Applicable		
2. Principal Place of Business 2a. Mailing Address			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
City & State City & State 28			7. Is this nonprofit corporation a homeowners association?			
Zip 29	Gountry 30		This corporation owes or has paid the curr Personal Property Tax due June 30.	rent year Intangible Yes No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered	Agent		
	81	Name				
FEDERATION OF BOCA CIEGA PT CONDO, INC. 275 BOCA CIEGA POINT BLVD			Street Address (P.O. Box Number is Not Acceptable)			
	84	City		85 Zip Code		
	275 BOCA CIEGA POIN ST. PETERSBURG FL 3 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 ent Registered Agent	275 BOCA CIEGA POINT BLVD ST. PETERSBURG FL 33708 28. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip	275 BOCA CIEGA POINT BLVD ST. PETERSBURG FL 33708 28. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 Sol Name NDO, INC. 81 Name 82 Street Addites	275 BOCA CIEGA POINT BLVD ST. PETERSBURG FL 33708 3. Date Incorporated or Qualified 04/11/1972 4. FEI Number 59-1561104 2a. Mailing Address 5. Certificate of Status Desired Sulte, Apt. #, etc. 6. Election Campaign Financing Trust Fund Contribution City & State 7. Is this nonprofit corporation a homeowner 28 Zip Country 8. This corporation owes or has paid the cur Personal Property Tax due June 30. ent Registered Agent 10. Name and Address of New Registered Street Address (P.O. Box Number is Not Acceptable) 83		

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 OFFICER	S AND DIRECTORS	IN 12				
TITLE	ΨV	☐ DELETE	1.1 TITLE		Change	Addition				
NAME	JERRY RONIGER		1.2 NAME			!				
STREET ADDRESS	275 BOCA CIEGA PT. BLVD		1.3 STREET ADDRESS							
CITY-ST-ZIP	ST PETERSBURG, FL 00000		1.4 City-St-ZiP							
TITLE	VPO	DELETE	2.1 TITLE		Change	Addition				
NAME	BROWN, BONNIE		2.2 NAME							
STREET ADDRESS	275 BOCA CIEGA PT.BLVD.		2.3 STREET ADDRESS							
CITY-ST-ZIP	ST PETERSBURG, FL 00000		2. 4 CITY - ST - ZIP							
TITLE	PD	DELETE	3.1 TITLE		☐ Change	Addition				
NAME	BURT, JEAN		3.2 NAME							
STREET ADDRESS	275 BOCA CIEGA PT. BLVD.		3.3 STREET ADDRESS			,				
CITY-ST-ZIP	ST PETERSBURG, FL 00000		3.4. CITY-ST-ZIP	<u> </u>						
TITLE	SD SD	DELETE	4.1 TITLE	SD	☐ Change	X Addition				
HAME	POWERS, GERALDINE	•	4. 2 NAME	CHRIST, Dorothy						
STREET ADDRESS	643 BOCA CIEGA PT BLVD SOUTH		4.3 STREET ADDRESS	275 Boca Ciega Pt Blvd						
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY - ST - ZIP	St. Petersburg, Fl. 3370)8					
TITLE		DELETE	5.1 TITLE		☐ Change	Addition				
HAME			5.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CITY - \$1 - ZIP							
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition				
HAME			6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS							

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.

SIGNATURE:

04/13/98

813-398-1270