


FILE NOW: FILING FEE IS \$61.25

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Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90043 038 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 723118					
1. Corporation Name BOCA CIEGA POINT EAST TEN CONDOMINIUM CORPORATION, INC					
Principal Place of Business 275 BOCA CIEGA POINT BLVD ST. PETERSBURG FL 33708			Mailing Address 275 BOCA CIEGA POINT BLVD ST. PETERSBURG FL 33708		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/11/1972 4. FEI Number 59-1561104 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent FEDERATION OF BOCA CIEGA PT CONDO, INC. 275 BOCA CIEGA POINT BLVD ST. PETERSBURG FL 33708			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 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	VPD TD <input type="checkbox"/> DELETE	1.1 TITLE	TD	RONIGER, Jerry <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JERRY RONIGER	1.2 NAME			
STREET ADDRESS	275 BOCA CIEGA PT. BLVD	1.3 STREET ADDRESS		275 Boca Ciega Pt. Blvd.	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	1.4 CITY-ST-ZIP		St. Pete., FL	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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			
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHRIST, DOROTHY	4.2 NAME			
STREET ADDRESS	275 BOCA CIEGA PT BLVD	4.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33708	4.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		5.2 NAME	SD	Cipolla, Diane	
STREET ADDRESS		5.3 STREET ADDRESS		275 Boca Ciega Pt. Blvd.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP		St. Petersburg, FL	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		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:

JEAN BURT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-99

Date

399 0646

Daytime Phone #

CR2E037 (11/98)