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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 729232

1. Corporation Name

BOCA CIEGA POINT EAST NINETEEN CONDOMINIUM CORPORATION, INC.

229145 - 90043 - 29

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		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/03/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1561112	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25	Country	30	Country	\$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
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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD MOORE, Daisy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREY, AL	1.2 NAME	275 Boca Ciega Pt. Blvd
STREET ADDRESS	275 BOCA CIEGA PT BLVD	1.3 STREET ADDRESS	St. Pete., FL
CITY-ST-ZIP	ST PETERSBURG FL 33708	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	TD BOEGER, Marjorie <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOEGER, MARJORIE	2.2 NAME	275 Boca Ciega Pt. Blvd.
STREET ADDRESS	275 BOCA CIEGA PT. BV	2.3 STREET ADDRESS	St. Pete., FL
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	PD FREYBERG, Dona <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREYBERG, DONA	3.2 NAME	275 Boca Ciega Pt. Blvd.
STREET ADDRESS	275 BODA CIEGA PT. BV.	3.3 STREET ADDRESS	St. Pete., FL
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	SD WALTMIRE, Betty <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTMIRE, BETTY	4.2 NAME	275 Boca Ciega Pt. Blvd.
STREET ADDRESS	275 BOCA CIEGA PT BLVD	4.3 STREET ADDRESS	St. Pete., FL
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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:

SIGNATURE REQUIRED

Dona A. Freyberg 2/24/99
 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)