

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90019 030 ****61.25

DOCUMENT # 734377 ✓

1. Corporation Name

**THE FRIENDLY NATIVE BEACH RESORT CONDOMINIUM, IN
C.**

Principal Place of Business

6700 SUNSET WAY
ST PETERSBURG BEACH FL 33706-2053

Mailing Address

6700 SUNSET WAY
ST PETERSBURG BEACH FL 33706-2053

585454-90019-30 4 *



2. Principal Place of Business

1 Suite, Apt. #, etc.

2 City & State

3 Zip Country

4 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date incorporated or Qualified

11/19/1975

4. FEI Number

59-1656341

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution **\$5.00** May Be
Added to Fees

9. Name and Address of Current Registered Agent

HURLEY, J. K
6700 SUNSET WAY
ST PETERSBURG BEACH FL 33706

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 ☐ DELETE

TITLE PD
NAME VICKERS, LARRY
STREET ADDRESS 640 VALLEY FORCE RD
CITY-ST-ZIP COOKEVILLE TN

TITLE VD ☐ DELETE

NAME RAAB, RICHARD
STREET ADDRESS 2263 WEST LIBERTY
CITY-ST-ZIP ANN ARBOR MI

TITLE SD ☐ DELETE

NAME ALMERICO, MARJORIE
STREET ADDRESS 807 W INDIANA AVE.
CITY-ST-ZIP TAMPA FL

TITLE TD ☐ DELETE

NAME GARCIA, DULCE MARIA V
STREET ADDRESS 4808 DARBY AVE.
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE

NAME SWENSON, GLENN
STREET ADDRESS 3521-6TH AVE., N.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE

NAME MARTINEZ A G
STREET ADDRESS 908 W VIRGINIA AVE
CITY-ST-ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Dulce Maria V. Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/99 (727) 360-2076
Date Daytime Phone #

CR2E037 (5/99)