


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 736592 (7)

1. Corporation Name
CASABLANCA COMMUNITY ASSOCIATION, INC.



Principal Place of Business 10033 9TH ST N ST PETERSBURG FL 33716	Mailing Address 10033 9TH ST N ST PETERSBURG FL 33716
---	---

3. Date Incorporated or Qualified 08/13/1976	
4. FEI Number 59-1737998	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**RAMPART PROPERTIES INC
10033 9TH ST N
ST PETERSBURG FL 33716**

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

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE D	<input checked="" type="checkbox"/> DELETE
NAME SALTSMAN, MARJORIE	
STREET ADDRESS 10033 9TH STREET NORTH	
CITY-ST-ZIP ST. PETE FL	
TITLE D	<input type="checkbox"/> DELETE
NAME GLOVER, BILL	
STREET ADDRESS 10033 9TH ST. NORTH	
CITY-ST-ZIP ST PETERSBURG FL	
TITLE PDTD	<input type="checkbox"/> DELETE
NAME MOTTA, JOAN	
STREET ADDRESS 10033 9TH ST. NORTH	
CITY-ST-ZIP ST PETE FL	
TITLE VP	<input checked="" type="checkbox"/> DELETE
NAME ANDERSON, GLENN	
STREET ADDRESS 10033 9TH ST. NORTH	
CITY-ST-ZIP ST. PETERSBURG FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME PARIS, LUCY	
STREET ADDRESS 10033 9TH STREET NORTH	
CITY-ST-ZIP ST. PETERSBURG FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D Judith Buhrow
1.3 STREET ADDRESS	10033 Ninth St. N. 2nd Fl.
1.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D Alvin M. Armentrout
2.3 STREET ADDRESS	10033 Ninth St. N. 2nd Fl.
2.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	10033 Ninth St. N. 2nd Fl.
3.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	10033 Ninth St. N. 2nd Fl.
4.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	10033 Ninth St. N. 2nd Fl.
5.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	10033 Ninth St. N. 2nd Fl.
6.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805

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 _____ DATE _____

CR2E037 (10/97)