

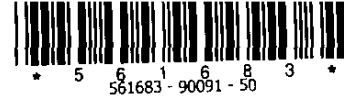
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Apr 14, 1999 8:00 am
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 736592

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 33718
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/13/1976
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1737998
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	30. Country	

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUHROW, JUDITH		1.2 NAME Buhrow, Judith	
STREET ADDRESS 10033 9TH ST N, 2ND FLOOR		1.3 STREET ADDRESS	
CITY-ST-ZIP ST. PETE FL 33716		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE VP / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GLOVER, BILL		2.2 NAME Glover, Bill	
STREET ADDRESS 10033 9TH ST N, 2ND FLOOR		2.3 STREET ADDRESS	
CITY-ST-ZIP ST PETERSBURG FL 33716		2.4 CITY-ST-ZIP	
TITLE P/D	<input type="checkbox"/> DELETE	3.1 TITLE T / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOTTA, JOAN		3.2 NAME Motta, Joan	
STREET ADDRESS 10033 9TH ST N, 2ND FLOOR		3.3 STREET ADDRESS	
CITY-ST-ZIP ST PETE FL 33716		3.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ARMENTROUT, ALVIN M		4.2 NAME Armentrout, Alvin	
STREET ADDRESS 10033 9TH ST, N, 2ND FLOOR		4.3 STREET ADDRESS	
CITY-ST-ZIP ST. PETERSBURG FL 33716		4.4 CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PARIS, LUCY		5.2 NAME Whittman, Arnold	
STREET ADDRESS 10033 9TH ST N, 2ND FLOOR		5.3 STREET ADDRESS 10033 9th Street North 2nd Floor	
CITY-ST-ZIP ST. PETERSBURG FL 33716		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE St. Petersburg, FL 33716	<input checked="" 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 817, 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 *Arnold Whittman* 3-24-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)