

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738227 (8)
1. Corporation Name
SOUTHBAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
7430 34TH ST., SOUTH ST. PETERSBURG FL 33711

3. Date Incorporated or Qualified **02/28/1977** 3a. Date of Last Report **01/23/1995**
4. FEI Number **NOT APPLICABLE** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
NEIGHBARGER, ALLEN
7400 34TH ST. SO.
#120-B
ST. PETERSBURG FL 33711

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 _____ 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.	14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEIGHBARGER, ALLEN	2. NAME		
STREET ADDRESS	7400 34TH ST. SOUTH 120-B	3. STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33711	4. CITY-ST-ZIP		
TITLE	VPD <input type="checkbox"/> DELETE	2. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEHNERS, MARTIN	2. NAME		
STREET ADDRESS	7432-34TH ST., SOUTH, #805-D	2. STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33711	2. CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> DELETE	3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHESHIRE, LEE	3. NAME		
STREET ADDRESS	7400-34TH ST., S. #131-C	3. STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33711	3. CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> DELETE	4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCRACKEN, RONALD	4. NAME		
STREET ADDRESS	7400 34TH ST. S. #109-A	4. STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33711	4. CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> DELETE	5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOA, MAE	5. NAME		
STREET ADDRESS	7500-34TH ST. SOUTH #501-E	5. STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33711	5. CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> DELETE	6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMM, GILBERT	6. NAME		
STREET ADDRESS	7400 34TH ST. SOUTH 119-B	6. STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33711	6. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* 1-18-96 813/866-0751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)