## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997
DOCUMENT # 73

738227

(8)

## SOUTHBAY CONDOMINIUM ASSOCIATION, INC.

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

Mailing Address

7430 34TH ST., SOUTH ST. PETERSBURG FL 33711-510

## FILED Apr 18 1997 8:00am Secretary of State



SI. PETERSOL	JRG FL 33711	ST. PETERSBURG FL 337							
					3. Date Incorporated or Qua 02/28/1977	alified	3e. Date	e of Last R 1/25/19	eport <b>96</b>
	Place of Business	2a, Mailing Address	2a, Mailing Address					Ar	oplied For
Suite, Apt #, etc.  City & State		26	Suite, Apt. #, etc.			NOT APPLICABLE		Not Applicable	
		<b>⊢</b> ,				5. Certificate of Status Desired		\$8.75	
									Fee Required
City & State		<b>├</b> ─┐ '	City & State		6. Election Campaign Finan-	~	_		May Be
23		28	T 2		Trust Fund Contribution			Added	
Zip	Country	Zip	Coun	try	8. This corporation has liabil				. 199.032,
24	25	29	30		Florida Statutes		Yes 🗌		
···	9. Name and Address of Cu	irrent Registered Agent		Name	10. Name and Address of N	ew Hegi	stered A	gent	
			1		UAVIDENT TADDY				
	BARGER, ALLEN		[8	Street A	HAYDEN LARRY Address (P.O. Box Number is Not Ac	ceptable	)		· , / · · · · · · · · · · · · · · · · · ·
7400 34	4TH ST. SO.		Ļ		7432 SUNSHINE SKYWA	132 SUNSHINE SKYWAY LANE SO.			
#120-B	•			33				•	
ST. PE	TERSBURG FL 33711		la la	34 City				as Zio	Code.
				1 1	ST. PETERSBURG,		FL	33	711
11. Pursuan	t to the provisions of Sections 617	.0502 and 617.1508, Florida Stati	ites, the abo	ove-named	corporation submits this statement for poration's board of directors. I hereby	or the pu	rpose of c	changing if	s registered
agent. I	am familiar with, and accept the c	bbligations of, Section 617.0503, F	lorida Statu	by the corp tes	oration is board of directors. I hereby	y accept	tue appo	iniment as	registered
•									
CICALATUDE			Uran.	Aline d	Z				
SIGNATURE	Stgnature, typed or printed name of registers	ed agent and tille if applicable. (No	TE Registered	Agent signature	required when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registere	ed egent and title if applicable. (M S AND DIRECTORS	OTE Registered .	Agent signature	required when reinstating)  ADDITIONS/CHANGES TO	OFFICE		DIRECTOR	IS IN 12
	Signature, typed or printed name of registere					OFFICE	RS AND	DIRECTOF	
12.	Signature, typed or printed name of registere	S AND DIRECTORS	13.	E	ADDITIONS/CHANGES TO	OFFICE	RS AND		
12. TITLE	Signature, typed or printed name of registers OFFICERS P NEIGHBARGER, ALLEN	S AND DIRECTORS  X DELETE	13. 1.1 TITL 1.2 NAA	E	ADDITIONS/CHANGES TO P HAYDEN, LARRY		RS AND	XI Change	
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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 is 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 19 if changed, or on an attachment with an address.

**SIGNATURE** 

¥3/17/67 \$1366771555 Date Dayline Phone # 0060826