


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 25 1998 8:00am
Secretary of State

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

DOCUMENT # **738227** (8)

1. Corporation Name

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
--	--

3. Date Incorporated or Qualified

02/28/1977

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**HAYDEN, LARRY
7432 SUNSHINE SKYWAY LANE S
ST. PETERSBURG FL 33711**

10. Name and Address of New Registered Agent

81 Name	JAMES W. WILLIAMS
82 Street Address (P.O. Box Number Is Not Acceptable)	7430 SUNSHINE SKYWAY LN. S.
83	UNIT 706E
84 City	ST. PETERSBURG FL
85 Zip Code	33711

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 **James L. Williams**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-25-98

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HAYDEN, LARRY	
STREET ADDRESS	7432 SHUNSHINE SKYWAY LN S	
CITY-ST-ZIP	ST. PETERSBURG 33 711	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	RIZZO, DENISE	
STREET ADDRESS	7432 SUNSHINE SKYWAY LN S	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, JAMES	
STREET ADDRESS	7430 SUNSHINE SKYWAY LN S	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	O'KRENT, ED	
STREET ADDRESS	7430 SUNSHINE SKYWAY LN S	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAMES WILLIAM	
1.3 STREET ADDRESS	7430 SUNSHINE SKYWAY LN. S.	
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33711	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ALLEN NEIGHBARGER VPD	
2.3 STREET ADDRESS	7400 SUNSHINE SKYWAY LN S.	
2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33711	
3.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RONALD M'CRACKEN TD	
3.3 STREET ADDRESS	7400 SUNSHINE SKYWAY LN. S.	
3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33711	
4.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WILLIAM WAGNER SD	
4.3 STREET ADDRESS	7430 SUNSHINE SKYWAY LN S.	
4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33711	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **JAMES WILLIAMS**

James L. Williams 2/25-98 867-5521

CR2E037 (10/97)