


**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90053 042 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 738227**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/28/1977	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI-Number	
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
Country		Country		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
WILLIAMS, JAMES W 7430 SUNSHINE SKYWAY LN SO UNIT 706 E ST. PETERSBURG FL 33711				B1	Name			ALLEN NEIGHBARGER
				B2	Street Address (P.O. Box Number is Not Acceptable)			7400 SUNSHINE SKYWAY LANE SO.
				B3	Unit #			UNIT # 120 B
				B4	City	FL	B5	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: *Allen Neighbarger* ALLEN NEIGHBARGER DATE: 3/25/99

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JAMES, WILLIAM			1.2 NAME	ALLEN NEIGHBARGER		
STREET ADDRESS	7430 SUNSHINE SKWY LN SO			1.3 STREET ADDRESS	7400 SUNSHINE SKYWAY LN SO		
CITY-ST-ZIP	ST. PETERSBURG 33 711			1.4 CITY-ST-ZIP	ST. PETERSBURG 33711		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEIGHBARGER, ALLEN			2.2 NAME	SALLY HOWARD		
STREET ADDRESS	7400 SUNSHINE SKWY LN SO			2.3 STREET ADDRESS	7430 SUNSHINE SKWY LN SO		
CITY-ST-ZIP	ST. PETERSBURG FL 33711			2.4 CITY-ST-ZIP	ST. PETERSBURG, 33711		
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCRACKEN, RONALD			3.2 NAME	WILLIAM DAGUER		
STREET ADDRESS	7400 SUNSHINE SKWY LN S			3.3 STREET ADDRESS	7430 SUNSHINE SKWY LN SO.		
CITY-ST-ZIP	ST. PETERSBURG FL 33711			3.4 CITY-ST-ZIP	ST. PETERSBURG 33711		
TITLE	DS	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	DS LARRY THORNTON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAGNER, WILLIAM			4.2 NAME			
STREET ADDRESS	7430 SUNSHINE SKYWAY LN S			4.3 STREET ADDRESS	7430 SUNSHINE SKYWAY LN S.		
CITY-ST-ZIP	ST. PETERSBURG FL 33711			4.4 CITY-ST-ZIP	ST. PETERSBURG 33711		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input 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 617, 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: *William Wagner* **WILLIAM WAGNER** DATE: 2/26/99 DAYTIME PHONE #: 727867 7455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)