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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 745995 (1)
1. Corporation Name
NORTH BAY VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 6313 NEWTOWN CIRCLE, 552 MAIN ST, TAMPA FL 33615 US
Mailing Address: C/O RAMPART PROPERTIES, INC, 10033 9TH ST N 2ND FL, ST PETERSBURG FL 33716-3804 US

3. Date Incorporated or Qualified: 02/19/1979
3a. Date of Last Report: 04/22/1996
4. FEI Number: 59-1975321
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: 21 Suite, Apt #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
PATRICIA LERNER, ESQUIRE
606 MADISON ST. SUITE 2001
TAMPA FL 33602
*480 W. Platt Street
Tampa, Florida 33606*

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 of 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: *[Signature]* PATRICIA LERNER, ESQ. 11/7/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	HECKMAN, DOROTHY	1.1 TITLE	HECKMAN, Dorothy
NAME	6336 NEWTON CIRCLE, A-4	1.2 NAME	10033 9th Street North
STREET ADDRESS	TAMPA FL	1.3 STREET ADDRESS	St. Petersburg, Florida
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DOBBIE, JEANNE	2.1 TITLE	DOBBIE, Jeanne
NAME	6336 NEWTOWN CIR A-5	2.2 NAME	10033 9th Street North
STREET ADDRESS	TAMPA, FL 3	2.3 STREET ADDRESS	St. Petersburg, Florida
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	REEKER, BETTY	3.1 TITLE	REEKER, Betty
NAME	6311-84 NEWTOWN CIRCLE	3.2 NAME	10033 9th Street North
STREET ADDRESS	TAMPA, FL 3	3.3 STREET ADDRESS	St. Petersburg, Florida
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	NYARY, LOU	4.1 TITLE	D Nyary, Lou
NAME	6321-85 NEWTOWN CIRCLE	4.2 NAME	10033 9th Street North
STREET ADDRESS	TAMPA FL	4.3 STREET ADDRESS	St. Petersburg, Florida
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	RUDOLPH, CANDY	5.1 TITLE	DS Rudolph, Candy
NAME	6314 NEWTOWN CIR. A-3	5.2 NAME	10033 9th Street North
STREET ADDRESS	TAMPA, FL 3	5.3 STREET ADDRESS	St. Petersburg, Florida
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	David Showalter	6.1 TITLE	D Showalter, David
NAME	6310 Newtown Circle C-2	6.2 NAME	10033 9th Street North
STREET ADDRESS	Tampa, FL	6.3 STREET ADDRESS	St. Petersburg, Florida
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *[Signature]* 1-6-97 813-855-4305
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0051191

CR2E037 (9/96)