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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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3. Date Incorporated or Qualified 02/19/1979		
4. FEI Number 59-1975321	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**PATRICIA LERNER, ESQUIRE
420 W. PLATT ST
TAMPA FL 33606**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	T	
NAME	HECKMAN, DOROTHY	
STREET ADDRESS	10033 9TH ST N	
CITY-ST-ZIP	ST. PETE FL	
TITLE	PD	
NAME	DOBBIE, JEANNE	
STREET ADDRESS	10033 9TH ST N	
CITY-ST-ZIP	ST. PETE FL	
TITLE	VP	
NAME	REEKER, BETTY	
STREET ADDRESS	10033 9TH ST N	
CITY-ST-ZIP	ST. PETE FL	
TITLE	D	
NAME	NYARY, LOU	
STREET ADDRESS	10033 9TH ST N	
CITY-ST-ZIP	ST. PETE FL	
TITLE	BB	
NAME	RUDOLPH, CANDY <i>o.x.</i>	<input type="checkbox"/> DELETE
STREET ADDRESS	10033 9TH ST N	
CITY-ST-ZIP	ST PETE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHOWALTER, DAVID	
STREET ADDRESS	10033 9TH ST N	
CITY-ST-ZIP	ST PETE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS	10033 Ninth St. N. 2nd Fl.		
1.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805		
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS	10033 Ninth St. N. 2nd Fl.		
2.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805		
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS	10033 Ninth St. N. 2nd Fl.		
3.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805		
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS	10033 Ninth St. N. 2nd Fl.		
4.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805		
5.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME	D		
5.3 STREET ADDRESS	10033 Ninth St. N. 2nd Fl.		
5.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805		
6.1 TITLE	D/S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME	Michelle Quigley		
6.3 STREET ADDRESS	10033 Ninth St. N. 2nd Fl.		
6.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805		

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: *Jeanne C. Dobbie Pres* **2/23/98**

CR2037 (10/97)

Director:

Mary Guy,
10033 Ninth Street North, 2nd FL.
St. Petersburg, FL 33716-3805