

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90084 003 \*\*\*\*61.25

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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 # 745995**

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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 02/19/1979	4. FEI Number 59-1975321	Applied For Not Applicable
		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	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HECKMAN, DOROTHY	1.2 NAME	Gilven, Ben
STREET ADDRESS	10033 9TH ST N 2ND FL	1.3 STREET ADDRESS	10033 9th ST. N. - 2nd Floor
CITY-ST-ZIP	ST. PETE FL 33716	1.4 CITY-ST-ZIP	St. Petersburg, FL, 33716-3805
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOBBIE, JEANNE	2.2 NAME	Klemmer, Ray
STREET ADDRESS	10033 9TH ST N 2ND FL	2.3 STREET ADDRESS	10033 9th ST. N. - 2nd Floor
CITY-ST-ZIP	ST. PETE FL 33716	2.4 CITY-ST-ZIP	St. Petersburg, FL, 33716-3805
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REEKER, BETTY	3.2 NAME	
STREET ADDRESS	10033 9TH ST N 2ND FL	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETE FL 33716	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NYARY, LOU	4.2 NAME	
STREET ADDRESS	10033 9TH ST N 2ND FL	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETE FL 33716	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDOLPH, CANDY	5.2 NAME	
STREET ADDRESS	10033 9TH ST N 2ND FL	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE FL 33716	5.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIGLEY, MICHELLE	6.2 NAME	
STREET ADDRESS	10033 9TH ST N 2ND FL	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE FL 33716	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: Jeannie Dobbie 2/8/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)