


FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 30 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 # 748613 (7)

1. Corporation Name
VILLAS OF BONNIE BAY HOMEOWNERS ASSOCIATION, INC



Principal Place of Business 6456 BONNIE BAY CIRCLE PINELLAS PARK FL 34665-4811	Mailing Address 6456 BONNIE BAY CIRCLE PINELLAS PARK FL 34665-4811
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3. Date Incorporated or Qualified
08/23/1979

4. FEI Number
59-1961304

Applied For	Not Applicable
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21. Principal Place of Business Suite, Apt #, etc.	22. Mailing Address Suite, Apt #, etc.
23. City & State	27. City & State
24. Zip	25. Country
26. Zip	29. Country

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

**MCGOEY, WILLIAM F.
6456 BONNIE BAY CIRCLE
PINELLAS PARK FL 34665-4811**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DM MCGOEY, WILLIAM F. 6456 BONNIE BAY CIRCLE PINELLAS PARK FL 34665-4811	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MARTIN, S.K. 6411 BONNIE BAY CRCL. PINELLAS PARK FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ALLEN, BRAD 7060 KINROSS TERR N ST PETERSBURG FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GROHMANN, BARBARA 6460 BONNIE BAY CIRCLE PINELLAS PARK FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD THOMPSON, JEFF 6451 BONNIE BAY CIRCLE PINELLAS PARK FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALROY, DIK 6396 BONNIE BAY CIRCLE PINELLAS PARK FL	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	D/S Barbara Hobbs 6350 Bonnie Bay Circle Pinellas Park, FL 33781	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	D Diane Costa 6431 Bonnie Bay Circle Pinellas Park FL 33781	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *S.K. Martin* **S.K. MARTIN** 4-24-98 813-546-6058

CP2E037 (10/97)