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FILED
Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751813 (7)
 1. Corporation Name
BELLEAIR OAKS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O INFINITI PROPERTY MGMT., INC 1301 SEMINOLE BLVD., #110 LARGO FL 34640 US	Mailing Address C/O INFINITI PROPERTY MGMT., INC 1301 SEMINOLE BLVD., #110 LARGO FL 33770-8124 US
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3. Date Incorporated or Qualified 03/31/1980	3a. Date of Last Report 04/18/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 33770	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-2036504	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
INFINITI PROPERTY MGMT., INC
1301 SEMINOLE BLVD., 110
LARGO FL 34640

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
33770

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SURETTE, KEVIN	
STREET ADDRESS	1975 W BAY DR #316	
CITY-ST-ZIP	LARGO FL 34640	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SURETTE, DAVID	
STREET ADDRESS	1975 W BAY DR #210	
CITY-ST-ZIP	LARGO, FL 34640	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ASKEY, SIMONE	
STREET ADDRESS	1975 W BAY DR #401	
CITY-ST-ZIP	LARGO FL 34640	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	THOMSON, BARBARA	
STREET ADDRESS	1975 W BAY DR #410	
CITY-ST-ZIP	LARGO FL 34640	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ASKEY, SYDNEY	
STREET ADDRESS	1975 W BAY DR #410	
CITY-ST-ZIP	LARGO FL 34640	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FISSELL, LOIS	
1.3 STREET ADDRESS	1975 WEST BAY DR. #114	
1.4 CITY-ST-ZIP	LARGO, FL 33770	
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: David Surette, President 4-4-97 (813) 585-3491

CP2E037 (9/96)