

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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



FILED
98 OCT 16 PM 4:21
SECRETARY OF STATE
FLORIDA

DOCUMENT # 751968 (9)
1. Corporation Name
BELLEVIEW GULF CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
INC. INC.
18399 GULF BLVD. 18399 GULF BLVD.
INDIAN SHORES FL 33785 INDIAN SHORES FL 33785

3. Date Incorporated or Qualified
04/11/1980

4. FEI Number
59-2089698

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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 C.P.A. 40 PAREKH, COMMONS + 60
22 City & State 27 2700 EAST BAY DR. # 107
23 Zip Country 28 LARGO FL
24 33771 30 PINELLAS

9. Name and Address of Current Registered Agent
WANAMAKER, SUSAN
909 WOODLAWN AVE
PLANT CITY FL 33566

10. Name and Address of New Registered Agent
81 Name MICHAEL BROOKS
82 Street Address (P.O. Box Number is Not Acceptable) 105 S. KINGSWAY RD
83
84 City SEFFNER FL 85 Zip Code 33603

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 *Michael Brooks* DATE 7/26/98

12. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WANAMAKER, SUSAN	
STREET ADDRESS	909 WOODLAWN AVE	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LUSSIER, GEORGE	
STREET ADDRESS	2710 SHADY ACRES DR.	
CITY-ST-ZIP	MULBERRY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PEREZ, FRANK	
STREET ADDRESS	3407 AILEEN ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAFUENTE, RUSSELL	
STREET ADDRESS	4809 RIVER SHORE DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LUSSIER, GEORGE	
STREET ADDRESS	2710 SHADY ACRES DR.	
CITY-ST-ZIP	MULBERRY FL	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> ADD
NAME	ROY GALLINAR	
STREET ADDRESS	2006 W. SITKA ST.	
CITY-ST-ZIP	TAMPA FL 33604	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BECKY WANAMAKER	
1.3 STREET ADDRESS	909 WOODLAWN AVE	
1.4 CITY-ST-ZIP	PLANT CITY FL 33566	
2.1 TITLE	SEC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NANCY BAILEY	
2.3 STREET ADDRESS	1226 N. PINELAKE DR.	
2.4 CITY-ST-ZIP	TAMPA, FL 33612	
3.1 TITLE	TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	300002668189-1	
3.3 STREET ADDRESS	-10/20/98-01059-016	
3.4 CITY-ST-ZIP	****61.25 ***66.25	
4.1 TITLE	V-PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	33603	
5.1 TITLE	TRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MICHAEL BROOKS	
5.3 STREET ADDRESS	105 S. KINGSWAY RD	
5.4 CITY-ST-ZIP	SEFFNER FL 33603	
6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DONALD DOAN	
6.3 STREET ADDRESS	875 JOAN ST.	
6.4 CITY-ST-ZIP	DUNEDIN FL 34698	

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: *Michael Brooks* DATE: _____ DAYTIME PHONE #: _____

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CR2E037 (5/98)