


NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 22 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Principal Place of Business Mailing Address
INC. C/O PAREKH COMMONS & CO., CPA
18398 GULF BLVD. 2700 EAST BAY DRIVE, #107
INDIAN SHORES FL 33785 LARGO FL 33771



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 C/O PAREKH COMMONS & CO., CPA	04/11/1980
22 City & State	27 Suite, Apt. #, etc.	4. FE# Number
23 Zip	28 City & State	59-2089698
24 Country	29 Zip	Applied For
25 Country	30 Country	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
BROOKS, MICHAEL 105 S. KINGSWAY ROAD SEFFNER FL 33689		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. Name and Address of New Registered Agent		
81 Name		
82 Street Address (P.O. Box Number is Not Acceptable)		
83 City		
84 Zip Code		FL 85 33584

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 remaining)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	IS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WANAMAKER, BECKY	1.2 NAME	BILL NEWTON
STREET ADDRESS	909 WOODLAWN AVE	1.3 STREET ADDRESS	906 LAKEWONT DR
CITY-ST-ZIP	PLANT CITY FL 33566	1.4 CITY-ST-ZIP	VALTRICO FL 33594
TITLE	S/D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, NANCY	2.2 NAME	
STREET ADDRESS	1226 N. PINELAND DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33612	2.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEREZ, FRANK	3.2 NAME	MARTHA BROOKS
STREET ADDRESS	3407 AILEEN ST.	3.3 STREET ADDRESS	1511 ALDRER WAY
CITY-ST-ZIP	TAMPA FL 33607	3.4 CITY-ST-ZIP	BRANDON FL 33510
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DW <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAFUENTE, RUSSELL	4.2 NAME	DONNA DOAN
STREET ADDRESS	4809 RIVER SHORE DRIVE	4.3 STREET ADDRESS	875 JOAN ST.
CITY-ST-ZIP	TAMPA FL 33603	4.4 CITY-ST-ZIP	Dunedin, FL 34698
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, MICHAEL	5.2 NAME	
STREET ADDRESS	105 S. KINGSWAY RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL 33689	5.4 CITY-ST-ZIP	33584
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALINER, RAY	6.2 NAME	
STREET ADDRESS	2006 W. SITKA ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33604	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: SIGNATURE REQUIRED 1-20-99 (813) 6894571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR