


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 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 # **757573** (1)
1. Corporation Name
MARINER BEACH CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 4220 GULF BLVD. ST. PETERSBURG BEACH FL 33706	Mailing Address 4220 GULF BLVD. ST. PETERSBURG BEACH FL 33706
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3. Date Incorporated or Qualified 04/15/1981	
4. FEI Number 59-2110906	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	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

9. Name and Address of Current Registered Agent

**SELLARS, DELORES
1026 GODFREY AVE.
SPRING HILL FL 34809**

10. Name and Address of New Registered Agent

81	Name	Douglas Land
82	Street Address (P.O. Box Number Is Not Acceptable)	1525 Kenwood Ave
83		
84	City	St Petersburg
85	Zip Code	FL 33704

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-12-98

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PIKE, BARTINE	
STREET ADDRESS	3035 86TH AVE. N. #81	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LAND, DOUGLAS	
STREET ADDRESS	1525 KENWOOD AVE.	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOSS, ROSELLE	
STREET ADDRESS	100 PASS-A-GRILL WAY #7	
CITY - ST - ZIP	ST PETERSBURG BCH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SELLARS, DELORES	
STREET ADDRESS	1026 GODFREY AVE.	
CITY - ST - ZIP	SPRING HILL FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	WEINMAN, FRED	
STREET ADDRESS	3014 SABAL CIR.	
CITY - ST - ZIP	ELLENTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Douglas Land	
2.3 STREET ADDRESS	1525 Kenwood Ave	
2.4 CITY - ST - ZIP	St Petersburg FL 33704	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Effie Lampathakis	
3.3 STREET ADDRESS	988 Bruce Ave	
3.4 CITY - ST - ZIP	Clearwater Beach FL 34630	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mike Bryan	
4.3 STREET ADDRESS	6660 Lakewood Dr.	
4.4 CITY - ST - ZIP	Lake St Louis, MO 63367	
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 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 recorder 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:

01-22-98 863-824-7951

CR2E037 (10/97)