


FILE NOW: FILING FEE IS \$61.25

FILED

**May 05 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 # 758981 (5)
1. Corporation Name
LE SCAMPI CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 18500 GULF BLVD. INDIAN SHORES FL 34635	Mailing Address 18500 GULF BLVD. INDIAN SHORES FL 34635
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3. Date Incorporated or Qualified 06/30/1981
4. FEI Number 59-3109095
Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**RAYBURN, LAURA J
1988 BAYSHORE BLVD
DUNEDIN FL 34606**

10. Name and Address of New Registered Agent
81 Name **STEVEN H. MEZER, P.A.**
82 Street Address (P.O. Box Number is Not Acceptable)
1212 COURT STREET, SUITE B
83
84 City **CLEARWATER** **FL** 85 Zip Code **33756**

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]* DATE **4/26/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MEWHRTER, JACK A.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14219 REBECCA COURT	1.2 NAME	
STREET ADDRESS	LARGO FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD RUZZO, SHERRY DE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19010 GULF BLVD. #203	2.2 NAME	
STREET ADDRESS	INDIAN SHORES FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD CRUTTENDEN, ARLEN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4410 ESTRELLA ST.	3.2 NAME	
STREET ADDRESS	TAMPA FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD WALTERS, ESTHER	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19010 GULF BLVD. #101	4.2 NAME	
STREET ADDRESS	INDIAN SHORES FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D SHERMAN, TOM	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7944 JAYWOOD RD. N.	5.2 NAME	
STREET ADDRESS	SEMNOLE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *[Signature]* DATE: **4/20/98** (813) 442-4119

CR2E037 (10/97)