

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 759338 (7)
1. Corporation Name
SANDY SHORES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 12924 GULF BOULEVARD, MADEIRA BEACH FL 33708
Mailing Address: 12924 GULF BOULEVARD, MADEIRA BEACH FL 33708-2637

3. Date Incorporated or Qualified: 07/27/1981
3a. Date of Last Report: 04/18/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) details including Suite, Apt. #, City & State, Zip, and Country.
4. FEI Number: 59-1982224
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

ZACUR, RICHARD A
5200 CENTRAL AVENUE
ST. PETERSBURG FL 33707

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VP	NAME: MAIER, RICHARD STREET ADDRESS: 14592 EL PASEO CITY-ST-ZIP: SEMINOLE FL	1.1 TITLE: P	NAME: MAIER, RICHARD 1.2 STREET ADDRESS: 14592 EL PASEO 1.4 CITY-ST-ZIP: SEMINOLE, FL 33776
TITLE: D	NAME: PEDLEY, DAVID STREET ADDRESS: 3810 5TH AVE NORTH CITY-ST-ZIP: ST PETERSBURG FL	2.1 TITLE: D	NAME: PEDLEY, DAVID 2.3 STREET ADDRESS: 3810 FIFTH AVE. N. 2.4 CITY-ST-ZIP: ST, PETERSBURG, FL 33713
TITLE: D	NAME: SILCOX, ERNEST STREET ADDRESS: 106 DEER PARK CITY-ST-ZIP: TAMPA FL	3.1 TITLE: D	NAME: SILCOX, ERNEST 3.3 STREET ADDRESS: 106 DEER PARK 3.4 CITY-ST-ZIP: TAMPA, FL 33617
TITLE: P	NAME: SHEPPARD, DARREL STREET ADDRESS: 1189 PHYLLIS AVE CITY-ST-ZIP: LARGO FL	4.1 TITLE: D	NAME: GILLIE, THOMAS 4.3 STREET ADDRESS: 6216 WADE STREET 4.4 CITY-ST-ZIP: LEEsburg, FL 34748
TITLE: S	NAME: LOGAN, RICHARD STREET ADDRESS: 12924 GULF BLVD / STE - 111 CITY-ST-ZIP: MADEIRA BEACH FL	5.1 TITLE: S	NAME: LOGAN, RICHARD 5.3 STREET ADDRESS: 12924 GULF BLVD, #111 5.4 CITY-ST-ZIP: MADEIRA BEACH, FL 33708
TITLE: T	NAME: APRILE, JOSEPH STREET ADDRESS: 1112 WEST RIVER DR CITY-ST-ZIP: TAMPA FL	6.1 TITLE: VP	NAME: APRILE, JOSEPH 6.3 STREET ADDRESS: 1112 WEST RIVER DR. 6.4 CITY-ST-ZIP: TAMPA, FL 33617

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.

CR2E037 (9/96)



Sandy Shores Condominium Association, Inc.

JOHN'S PASS VILLAGE

12924 GULF BOULEVARD • MADEIRA BEACH, FLORIDA 33708

PAGE TWO

T X THIS IS A CHANGE
MC GRAIL, RICHARD
12924 GULF BLVD. #205
MADEIRA BEACH, FL 33708

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 741694 (4)
1. Corporation Name
BORDEAUX CHATEAU HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
P.O. BOX 17068 CLEARWATER FL 34622 **P.O. BOX 17068 CLEARWATER FL 34622-0068**

3. Date Incorporated or Qualified **02/22/1978** 3a. Date of Last Report **05/01/1996**

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

4. FEI Number **59-1935882** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JACOBS, FORLIZZO & NEA
13577 FEATHER SOUND DR.
SUITE 300
CLEARWATER FL 34622**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DWYER, BARBARA	
STREET ADDRESS	13643 HERON CIRCLE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PD D	<input checked="" type="checkbox"/> DELETE
NAME	MAIDEN, SANDRA	
STREET ADDRESS	2323 HERON CIRCLE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ROEHRS, AUBREY	
STREET ADDRESS	2263 HERON CIRCLE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOLLEY, CHRIS	
STREET ADDRESS	2225 HERON CIRCLE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WOLF, CAROLE	
STREET ADDRESS	13621 HERON CIRCLE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WADE, ELEANOR	
STREET ADDRESS	2239 HERON CIRCLE	
CITY-ST-ZIP	CLEARWATER FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAY DEY	
1.3 STREET ADDRESS	13759 HERON CIRCLE	
1.4 CITY-ST-ZIP	CLRWTR 34622	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JACK A. THORNE	
2.3 STREET ADDRESS	2242 HERON CIRCLE	
2.4 CITY-ST-ZIP	CLRWTR 34622	
3.1 TITLE	SECD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RON KALMIN	
3.3 STREET ADDRESS	2264 HERON CIRCLE	
3.4 CITY-ST-ZIP	CLRWTR 34622	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JEANNE CARMICHAEL	
4.3 STREET ADDRESS	13667 HERON CIRCLE	
4.4 CITY-ST-ZIP	CLRWTR 34622	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DICK BIRMINGHAM	
5.3 STREET ADDRESS	2233 KINGFISHER	
5.4 CITY-ST-ZIP	CLRWTR 34622	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DICK MEAD	
6.3 STREET ADDRESS	13727 HERON CIRCLE	
6.4 CITY-ST-ZIP	CLRWTR 34622	

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 _____

CR2E037 (9/96)