## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762034

1. Corporation Name

SAN TERRA DEVELOPMENT CONDOMINIUM ASSOCIATION, I

Principal Place of Business 5530 1ST AVE N ST PETERSBURG FL 33710 US

2. Principal Place of Business

Mailing Address

2a. Mailing Address

P.O. BOX 47068 ST PETERSBURG FL 33743-7068 FILED
Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90038 037 \*\*\*\*61.25

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3. Date Incorporated or Qualifed

02/19/1982

Suite, Apt.	# etc.	s	uite, Apt. #, etc.		•		4. FEI Number		] ]	Applied For		
22	27					59-2154094			Not Applicable			
City & State	9		ity & State						\$8.75	Additional		
23		28	•			ļ	5. Certifcate of Status Desired		Fee	Required		
Zip	Country		ip	Country			6. Election Campaign Financing		\$5.0	May Be		
24	25	29		0			Trust Fund Contribution			ed to Fees		
24	9. Name and Address of Curren			<u> </u>			10. Name and Address of New	Registered /	Agent			
				81	Name							
THE RESERVE AND ADDRESS LIAME				<u> </u>	<b>.</b>	/D.O. D. N. Harris Not Assess	in falls \					
CONDOMINIUM MANAGEMENT GROUP & DEBRA LISHE 5530 1ST AVE N ST PETERSBURG FL 33110			82	82 Street Address (P.O. Box Number is Not Acceptable)								
			83	83								
				84	City			FL	85   Zi	ip Code		
		0 1 047	4500 Florido Ototodo	the about		00000	ation submits this statement for the		changing	its registered		
office or re	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 ager		<u> </u>	egistered Age	nt signature r	equired v	when reinstating) ADDITIONS/CHANGES TO OF		D DIREC	TORS IN 12		
12.	OFFICERS AN	D DIREC	DELETE	1,1 TITLE			ADDITIONS/CHANGES TO CI	TIOLITO AIT	Chang			
TITLE	PD		□ pere₁e							,,,		
NAME	BAYLES, MARVIN			1.2 NAME						Ļ		
STREET ADDRESS	936 PINELLAS BAYWAY, PH #3	3		1.3 STREE	TADDRESS							
CITY-\$T-ZIP	TIERRA VERDE FL			1.4 CITY-S	T- ZIP					e  Addition		
TITLE	VPD		☐ DELETE	2.1 TITLE					Chang	ge LI Addition		
NAME	COHEE, RICHARD			2.2 NAME						j		
STREET ADDRESS	936 PINELLAS BAYWAY, TH#13	2		2.3 STREE	TADDRESS					[		
CITY-ST-ZIP	TIERRA VERDE FL		<u></u> _	2.4 CITY-5	ST-ZIP	_		a ··				
TITLE	STD		DELETE	3.1 TITLE		.37			Chang	ge Addition		
NAME	WEAVER, GLORIA			3.2 NAME		إيو	onard Karen is finellas Bayway ierra Verde, FL.	- DU_	2	ì		
STREET ADDRESS	936 PINELLAS BAYWAY, PH #	1		3.3 STREE	TADORESS	93	6 Pinellas Bayway	# 1 11 - 1	-			
CITY-ST-ZIP	TIERRA VERDE FL		_	3.4. CITY-	ST-ZIP		ierraverde, FL.	33715				
TITLE			☐ DELETE	4.1 TITLE			•		☐ Chang	ge 🔲 Addition		
NAME				4.2 NAME						•		
STREET ADDRESS	•			4.3 STREE	T ADDRESS							
CITY-ST-ZIP				4.4 CITY-S	T-ZIP							
TITLE			☐ DELETE	5.1 TITLE					☐ Chang	ge Addition		
NAME				5.2 NAME		•						
STREET ADDRESS				5.3 STREE	TADDRESS					\		
CITY-ST-ZIP				5.4 CITY-S	T-ZIP							
TITLE			☐ DELETE	6.1 TITLE					Chang	ge 🔲 Addition		
NAMÉ				6.2 NAME						i		
STREET ADDRESS				6.3 STREE	T ADDRESS					}		
(				6.4 CITY-S								
CITY-ST-ZIP	l	th this fills				in Co	ection 119 07(3)(i) Florida Statutes	I further cer	lify that th	o information		

4. 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.
Dr. Marvin A Bavies

SIGNATURE:

SIGNATUR ATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dr. Marvin A. Bayles 936 Pinellas Bayway S. Ph3 Tierra Verde, 局 33715

727-381-1717