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May 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 763221 (9)
1. Corporation Name
MARINA BAY OF ST. PETERSBURG BEACH CONDOMINIUM ASSOCIATION, INC



Principal Place of Business RESOURCE PROPERTY MGMT 114 PINELLAS BAYWAY TIERRA VERDE FL 33715 US	Mailing Address RESOURCE PROPERTY MGMT 114 PINELLAS BAYWAY TIERRA VERDE FL 33715-1700 US
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3. Date Incorporated or Qualified 05/11/1982	3a. Date of Last Report 05/01/1996
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21. Principal Place of Business 21 RESOURCE PROPERTY MGMT Suite, Apt #, etc. 22 118 PINELLAS BAYWAY City & State 23 TIERRA VERDE FL Zip 24 33715	2a. Mailing Address 26 RESOURCE PROPERTY MGMT Suite, Apt #, etc. 27 118 PINELLAS BAYWAY City & State 28 TIERRA VERDE FL Zip 29 33715	4. FEI Number 59-2278466	Applied For Not Applicable
25 US	30 US	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
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
ALBERTO FREDA
C/O RESOURCE PROPERTY MGMT
114 PINELLAS BAYWAY
TIERRA VERDE FL 33715

10. Name and Address of New Registered Agent
81 Name
ALBERTO FREDA
82 Street Address (P.O. Box Number is Not Acceptable)
C/O RESOURCE PROPERTY MGMT
83 118 PINELLAS BAYWAY
84 City
TIERRA VERDE FL 85 Zip Code
33715

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: *Alberto Freda* ALBERTO FREDA DATE: 4/17/97

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	HELEN AVCHEN	
STREET ADDRESS	3200 GULF BLVD., #103	
CITY-ST-ZIP	ST PETERSBURG BCH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CRAYTON, GARY	
STREET ADDRESS	5015 W WATERS AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PRINSE, MARION	
STREET ADDRESS	3111 GULF BLVD. #215	
CITY-ST-ZIP	ST. PETERSBURG BCH., F	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BURKHART, WALTER	
STREET ADDRESS	3200 GULF BLVD #206	
CITY-ST-ZIP	ST PETERSBURG BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JORDAN, JAMES
5.3 STREET ADDRESS	3111 GULF BLVD #210
5.4 CITY-ST-ZIP	ST. PETE BEACH FL 33706
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 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: *Marion B. Prinse* REQUIRED April 21, 1997 (813) 360-3660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone # 0051170

CR2E037 (9/96)