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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 763221

1. Corporation Name
MARINA BAY OF ST. PETERSBURG BEACH CONDOMINIUM ASSOCIATION, INC

Principal Place of Business RESOURCE PROPERTY MGMT 118 PINELLAS BAYWAY TIERRA VERDE FL 33715 US	Mailing Address RESOURCE PROPERTY MGMT 118 PINELLAS BAYWAY TIERRA VERDE FL 33715 US
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/11/1982
22. Suite, Apt. #, etc. Suite 202	26. Suite, Apt. #, etc. Suite 202	4. FEI Number 59-2278466
23. City & State St. Petersburg FL	27. City & State St. Petersburg FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip 33715	28. Zip 33715	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country US	29. Country US	30. Country US

9. Name and Address of Current Registered Agent ALBERTO FREDA C/O RESOURCE PROPERTY MGMT 118 PINELLAS BAYWAY TIERRA VERDE FL 33715	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 SD	<input type="checkbox"/> DELETE	1.1 TITLE Helen Avchen	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HELEN AVCHEN		1.2 NAME Helen Avchen	
STREET ADDRESS 3200 GULF BLVD., #103		1.3 STREET ADDRESS 3200 Gulf Blvd. #103	
CITY-ST-ZIP ST PETERSBURG BCH FL		1.4 CITY-ST-ZIP St. Petersburg Beach FL	
TITLE P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V.P.D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CRAYTON, GARY		2.2 NAME Alfred Ingram	
STREET ADDRESS 5015 W WATERS AVE		2.3 STREET ADDRESS 3200 Gulf Blvd. # 1011	
CITY-ST-ZIP TAMPA FL		2.4 CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> DELETE	3.1 TITLE P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PRINSE, MARION		3.2 NAME Prinse, Marion	
STREET ADDRESS 3111 GULF BLVD. #215		3.3 STREET ADDRESS 3111 Gulf Blvd. #215	
CITY-ST-ZIP ST. PETERSBURG BCH., F		3.4 CITY-ST-ZIP St. Petersburg Bch., F	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BURKHART, WALTER		4.2 NAME	
STREET ADDRESS 3200 GULF BLVD #206		4.3 STREET ADDRESS	
CITY-ST-ZIP ST PETERSBURG BCH FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE S.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JORDAN, JAMES		5.2 NAME Jordan, James	
STREET ADDRESS 3111 GULF BLVD., #210		5.3 STREET ADDRESS 3111 Gulf Blvd. #210	
CITY-ST-ZIP ST. PETE BEACH FL		5.4 CITY-ST-ZIP St. Pete Beach, FL	
TITLE	<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE: _____ DATE: **4/8/99** DAYTIME PHONE: **700-7124**

CR2E037-(11/98)