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 Apr 18 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 # 768007 (7)
 1. Corporation Name
 SOUTHERN COMFORT TENANTS ASSOCIATION INC.



Principal Place of Business Mailing Address
 24479 US 19 N. LOT 331 CLEARWATER FL 34623 US
 24479 US 19 N LOT 331 CLEARWATER FL 34623-4025 US

3. Date Incorporated or Qualified 04/18/1983
 3a. Date of Last Report 03/29/1996

2. Principal Place of Business 21 24479 US 19 N
 2a. Mailing Address 25 24479 US 19 N

4. FEI Number 59-2400139
 Applied For Not Applicable

Suite, Apt. #, etc. 22 LOT 214
 Suite, Apt. #, etc. 27 LOT 214

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State 23 CLEARWATER FL
 City & State 28 CLEARWATER FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip 24 34623 Country 25 PINELLAS
 Zip 29 34623 Country 30 PINELLAS

8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 NORRIS, JO GLEASON
 24479 U.S 19 N., LOT 1020
 CLEARWATER FL 34623

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

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 *Jo Gleason Norris* DATE 4/11/97
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NEVITT, JOE	
STREET ADDRESS	24479 US 19 N LOT 715	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FISHER, WARD	
STREET ADDRESS	24479 US 19 N LOT 430	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WHEELER, FRED A	
STREET ADDRESS	2479 U.S. 19 N., LOT 820	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ESCOTT, CAROL	
STREET ADDRESS	2045 US 19 N #331	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PALMETER, BRUCE	
STREET ADDRESS	24479 U.S. 19 N., LOT 517	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KESSLER, RICHARD	
STREET ADDRESS	2045 US 19 N #213	
CITY-ST-ZIP	CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FISHER WARD	
1.3 STREET ADDRESS	24479 US 19 N LOT 430	
1.4 CITY-ST-ZIP	CLEARWATER FL 34623	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TURNBULL RALPH	
2.3 STREET ADDRESS	24479 US 19 LOT 406	
2.4 CITY-ST-ZIP	CLEARWATER FL 34623	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WHEELER FRED A	
3.3 STREET ADDRESS	24479 US 19 N LOT 820	
3.4 CITY-ST-ZIP	CLEARWATER FL 34623	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MORNEAULT ANITA	
4.3 STREET ADDRESS	24479 US 19 N LOT 214	
4.4 CITY-ST-ZIP	CLEARWATER FL 34623	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	KESSLER RICHARD	
6.3 STREET ADDRESS	24479 US 19 LOT 213	
6.4 CITY-ST-ZIP	CLEARWATER FL 34623	

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: *Anita Morneau* DATE 4-11-97 DAYTIME PHONE # 813-791-1581
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)