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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 768007 (7)

1. Corporation Name
SOUTHERN COMFORT TENANTS ASSOCIATION INC.



Principal Place of Business 24479 US 19 N. LOT 214 CLEARWATER FL 34623 US 33763	Mailing Address 24479 US 19 N LOT 214 CLEARWATER FL 34623 US 33763
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3. Date Incorporated or Qualified 04/18/1983	
4. FEI Number 59-2400139	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 24479 US 19 N Suite, Apt. #, etc. 22 LOT 214 City & State 23 CLEARWATER, FL. Zip 24 33763	2a. Mailing Address 26 24479 US 19 N Suite, Apt. #, etc. 27 LOT 214 City & State 28 CLEARWATER FL. Zip 29 33763	Country 25 PINELLAS	Country 30 PINNELLAS
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 Fred Cole 82 Street Address (P.O. Box Number is Not Acceptable) 24479 US 19 N LOT 103 84 City CLEARWATER FL 85 Zip Code 33763
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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: *Fred Cole* DATE: **2-23-98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME WARD, FISHER	1.1 TITLE PD	1.2 NAME Ralph Turnbull
STREET ADDRESS 24479 US 19 N LOT 430	CITY-ST-ZIP CLEARWATER FL	1.3 STREET ADDRESS 24479 US 19 N LOT 406	1.4 CITY-ST-ZIP CLEARWATER FL 33763
TITLE V	NAME TURNBULL, RALPH	2.1 TITLE V	2.2 NAME WARREN Redonnet
STREET ADDRESS 24479 US 19 LOT 406	CITY-ST-ZIP CLEARWATER FL	2.3 STREET ADDRESS 24479 US 19 N LOT 430	2.4 CITY-ST-ZIP CLEARWATER, FL 33763
TITLE S	NAME WHEELER, FRED	3.1 TITLE	3.2 NAME
STREET ADDRESS 24479 US 19 N LOT 820	CITY-ST-ZIP CLEARWATER FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE T	NAME MORNEAULT, ANITA	4.1 TITLE	4.2 NAME
STREET ADDRESS 24479 US 19 N LOT 214	CITY-ST-ZIP CLEARWATER FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE D	NAME PALMETER, BRUCE	5.1 TITLE D	5.2 NAME Theo MERZ
STREET ADDRESS 24479 U.S. 19 N., LOT 517	CITY-ST-ZIP CLEARWATER FL	5.3 STREET ADDRESS 24479 US 19 N LOT 616	5.4 CITY-ST-ZIP CLEARWATER FL 33763
TITLE D	NAME KESSLER, RICHARD	6.1 TITLE D	6.2 NAME GENE BARLEY
STREET ADDRESS 24479 US 19 LOT 213	CITY-ST-ZIP CLEARWATER FL	6.3 STREET ADDRESS 24479 US 19 N LOT 335	6.4 CITY-ST-ZIP CLEARWATER FL 33763

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.

SIGNATURE: *Anita Morneau* DATE: **3-1-98** TEL: **813-791-1581**

CR2E037 (10/97)