

FILE NOW: FILING FEE IS \$61.25

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90001 027 ****61.25



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999

DOCUMENT #768007

1. Corporation Name
Southern Comfort Tenants Assoc, Inc.

Principal Place of Business Mailing Address
24479 U S 19 N
Lot 615
Clearwater, Fla. 33763
U S **Same**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	24479 U S Hwy 19 N	26	Same as business	04/18/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	Lot 615			592400139	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23	Clearwater, Fla			\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	33763	25	Pinellas	\$5.00 May Be Added to Fees	

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Ralph Turnbull			1.2 NAME	Norman Masselli		
STREET ADDRESS	24479 U S Hwy 19 N.			1.3 STREET ADDRESS	24479 U S Hwy 19 N. Lot 620		
CITY-ST-ZIP	Clearwater Fla. 33763			1.4 CITY-ST-ZIP	Clearwater, Fla., 33763		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Warren Redonnet			2.2 NAME	Mrs. Barbara Krause		
STREET ADDRESS	24479 U S Hwy 19 N			2.3 STREET ADDRESS	24479 U S Hwy 19 N Lot 113		
CITY-ST-ZIP	Lot # 430. Clearwater, Fla 33763			2.4 CITY-ST-ZIP	Clearwater, Fla. 33763		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	Sec*y	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME	Fred Cole		
STREET ADDRESS				3.3 STREET ADDRESS	24479 U S Hwy 19 N lot # 103		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Clearwater, Fla, 33763		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	Treaw	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME	Clifton F. Hipple		
STREET ADDRESS				4.3 STREET ADDRESS	24479 U S Hwy 19 N Lot #615		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Clearwater, Fla/ 33763		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Theo Mertz			5.2 NAME			
STREET ADDRESS	24479 U S Hwy 19 n			5.3 STREET ADDRESS			
CITY-ST-ZIP	Clearwater, Fla 33763			5.4 CITY-ST-ZIP			
TITLE		<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	D Gene Barley			6.2 NAME			
STREET ADDRESS	24470 U S Hwy 19 N			6.3 STREET ADDRESS			
CITY-ST-ZIP	Clearwater, Fla. 33763			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: **Clifton F. Hipple** *Clifton F. Hipple* **4/4/99**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 727-726-0027 Phone #

CR2E037 (11/98)