

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 12, 2000 8:00 am
Secretary of State

03-28-2000 90012 002 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 768007

1. Entity Name
SOUTHERN COMFORT TENANTS ASSOCIATION INC.

Principal Place of Business 24479 US 19 N LOT 165 CLEARWATER FL 33763 US	Mailing Address 24479 US 19 N LOT 165 CLEARWATER FL 33763-5006 US
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2. Principal Place of Business 24479 US 19 N LOT 410 Clearwater, Fla.	3. Mailing Address 24479 U.S. 19 N Suite, Apt. #, etc. LOT 410 Clearwater, FL.
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City & State Clearwater, Fla.	City & State CLEARWATER FL.	4. FEI Number 59-2400139	Applied For Not Applicable
Zip 33763	Country Pinellas	Zip 33763	Country PINELLAS

6. Name and Address of Current Registered Agent
COLE, FRED
 24479 U.S 19 N., LOT 1020
 LOT 103
 CLEARWATER FL 33763

7. Name and Address of New Registered Agent
 Name **DANIEL GRZECHOWIAK**
 Street Address (P.O. Box Number is Not Acceptable)
24479 U.S. 19 N
LOT 410
 City **CLEARWATER** FL Zip Code **33763**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
 SIGNATURE *Daniel Grzechowiak Treasurer* DATE **3/21/00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURNBULL, RALPH 22479 US 19 N, LOT 406 CLEARWATER FL 33763	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REDONNET, WARREN 24479 US 19 N, LOT 430 CLEARWATER FL 33763	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COLE, FRED 24479 US HWY. 19, LOT 103 CLEARWATER FL 33763	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HIPPLE, CLIFTON F 24479 US HWY 19 N., LOT 615 CLEARWATER FL 33763	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERZ, THEO 24479 US HWY 19 N. CLEARWATER FL 33763	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARLEY, GENE 24470 US HWY 19 N. CLEARWATER FL 33763	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. Norman Masselli 24479 US 19 N. Lot 220 Clearwater, Fla. 33763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. Barbara Krause 24479 US 19N, Lot 113 CLEARWATER FL 33763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. Fred Cole 24479 US 19 N. Lot 103 Clearwater, Fla.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DANIEL GRZECHOWIAK 24479 HWY US 19 N LOT 410 CLEARWATER FL. 33763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE TESNOVICK 24479 U.S. HWY 19 N LOT 430 CLEARWATER FL. 33763	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RONALD NESE 24479 U.S. HWY 19 N LOT 519 CLEARWATER FL. 33763	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Daniel Grzechowiak* **DANIEL GRZECHOWIAK** DATE **3/21/00** DAYTIME PHONE # **727-669-2326**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)