

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N01227** (0)

1. Corporation Name  
**PHILIPPE BAY ASSOCIATION, INC.**



Principal Place of Business: **552 MAIN STREET SAFETY HARBOR FL 34695**  
Mailing Address: **552 MAIN STREET SAFETY HARBOR FL 34695**

3. Date Incorporated or Qualified: **02/03/1984**  
3a. Date of Last Report: **03/09/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		<b>59-2407896</b>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28		24	25	29	30
Zip	Country	Zip	Country				

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**NEZER, STEVEN H P.A.  
1212 COURT STREET  
SUITE B  
CLEARWATER FL 34616**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DV</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PURSER, C. J.</b>	1.2 NAME	<b>WILLIAM ANTE</b>
STREET ADDRESS	<b>3321 MEANDER LANE</b>	1.3 STREET ADDRESS	<b>311 PARKSIDE</b>
CITY-ST-ZIP	<b>SAFETY HARBOR FL</b>	1.4 CITY-ST-ZIP	<b>SAFETY HARBOR, FL 34695</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLEVINS, SALLY</b>	2.2 NAME	
STREET ADDRESS	<b>2018 PHILIPPE COURT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAFETY HARBOR FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOWLER, ROBERT</b>	3.2 NAME	
STREET ADDRESS	<b>2004 PHILIPPE CT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAFETY HARBOR FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUCKLEY, EDITH, BRAND</b>	4.2 NAME	
STREET ADDRESS	<b>305 PARKSIDE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAFETY HARBOR FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DENTON, JAMES E</b>	5.2 NAME	
STREET ADDRESS	<b>217 LIGHTHOUSE COURT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAFETY HARBOR FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>TD</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>CHARLES TOOKER</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>2009 PHILIPPE COURT</b>
			<b>SAFETY HARBOR, FL 34695</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert Fowler*

**1-26-96**

Date

Daytime Phone #

CR2E037 (12/95)