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Jan 30 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 # 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 34695-3549

3. Date Incorporated or Qualified: 02/03/1984
3a. Date of Last Report: 01/30/1996

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

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE - Registered Agent signature required when re-issuing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTE, WILLIAM	1.2 NAME	
STREET ADDRESS	317 PARKSIDE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLEVINS, SALLY	2.2 NAME	
STREET ADDRESS	2018 PHILIPPE COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWLER, ROBERT	3.2 NAME	
STREET ADDRESS	2004 PHILIPPE CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKLEY, EDITH, BRAND	4.2 NAME	
STREET ADDRESS	305 PARKSIDE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENTON, JAMES E	5.2 NAME	
STREET ADDRESS	217 LIGHTHOUSE COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOOKER, CHARLES	6.2 NAME	
STREET ADDRESS	2009 PHILIPPE COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	6.4 CITY-ST-ZIP	

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: *Edith Buckley Innes* 1/14/97 (813) 726-2422

CR2E037 (9/96)