

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

**FILED**

**Mar 09 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N01227 (0)**  
 1. Corporation Name  
**PHILIPPE BAY ASSOCIATION, INC.**



Principal Place of Business <b>552 MAIN STREET SAFETY HARBOR FL 34695</b>	Mailing Address <b>552 MAIN STREET SAFETY HARBOR FL 34695</b>
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3. Date Incorporated or Qualified  
**02/03/1984**

4. FEI Number  
**59-2407896**

Applied For  
 Not Applicable

2. Principal Place of Business 21 <b>1700 MCMULLEN BOOTH RD</b> Suite, Apt. #, etc. 22 <b>SUITE C3</b> City & State 23 <b>CLEARWATER FL</b> Zip 24 <b>33759</b>	2a. Mailing Address 26 <b>1700 MCMULLEN BOOTH RD</b> Suite, Apt. #, etc. 27 <b>SUITE C3</b> City & State 28 <b>CLEARWATER FL</b> Zip 29 <b>33759</b>	Country 25 <b>USA</b>	Country 30 <b>USA</b>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**NEZER, STEVEN H P.A.  
 1212 COURT STREET  
 SUITE B  
 CLEARWATER FL 34616**

10. Name and Address of New Registered Agent

81 Name  
**LEIGHTON, LENNARD A.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1700 MCMULLEN BOOTH RD**

83  
**SUITE C3**

84 City  
**CLEARWATER**

85 Zip Code  
**FL 33759**

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 617.0502, Florida Statutes.

SIGNATURE *[Signature]* DATE **2/23/98**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ANTE, WILLIAM</b>		1.2 NAME	
STREET ADDRESS <b>317 PARKSIDE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>SAFETY HARBOR FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input 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 checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>FOWLER, ROBERT</b>		3.2 NAME	
STREET ADDRESS <b>2004 PHILIPPE CT</b>		3.3 STREET ADDRESS <b>1931 BAYSHORE CT</b>	
CITY-ST-ZIP <b>SAFETY HARBOR FL</b>		3.4 CITY-ST-ZIP <b>SAFETY HARBOR FL</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<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 checked="" 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 type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *[Signature]*

CR2E037 (10/97)