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Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90039 023 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N01227
 1. Corporation Name
PHILIPPE BAY ASSOCIATION, INC.

Principal Place of Business 1700 MCMULLEN BOOTH RD #C3 CLEARWATER FL 33759 US	Mailing Address 1700 MCMULLEN BOOTH RD #C3 CLEARWATER FL 33759 US
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2. Principal Place of Business 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765	2a. Mailing Address 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765	3. Date Incorporated or Qualified 02/03/1984	4. FEI Number 59-2407896	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent LENNARD A. LEIGHTON 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765		10. Name and Address of New Registered Agent LENNARD A. LEIGHTON 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765	
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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: *Lennard A. Leighton* (NOTE: Registered Agent signature required when reinstating) DATE: 4/22/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VD NAME: ANTE, WILLIAM STREET ADDRESS: 317 PARKSIDE CITY-ST-ZIP: SAFETY HARBOR FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: D 1.2 NAME: GLEN CONROY 1.3 STREET ADDRESS: 1916 WESTLEY ST. 1.4 CITY-ST-ZIP: SAFETY HARBOR, FL 34695	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: BLEVINS, SALLY STREET ADDRESS: 2018 PHILIPPE COURT CITY-ST-ZIP: SAFETY HARBOR FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: TD 2.2 NAME: JOYCE DAVIS 2.3 STREET ADDRESS: 2002 WESTLEY COURT 2.4 CITY-ST-ZIP: SAFETY HARBOR, FL 34695	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: STOWELL, KEITH STREET ADDRESS: 1931 BAYSHORE CT CITY-ST-ZIP: SAFETY HARBOR FL	<input type="checkbox"/> DELETE	3.1 TITLE: VD 3.2 NAME: KEITH STOWELL 3.3 STREET ADDRESS: 1931 BAYSHORE COURT 3.4 CITY-ST-ZIP: SAFETY HARBOR, FL 34695	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BUCKLEY, EDITH, BRAND STREET ADDRESS: 305 PARKSIDE CITY-ST-ZIP: SAFETY HARBOR FL	<input type="checkbox"/> DELETE	4.1 TITLE: SD 4.2 NAME: EDITH BUCKLEY 4.3 STREET ADDRESS: 305 PARKSIDE LANE 4.4 CITY-ST-ZIP: SAFETY HARBOR, FL 34695	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: DENTON, JAMES E STREET ADDRESS: 217 LIGHTHOUSE COURT CITY-ST-ZIP: SAFETY HARBOR FL	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Lennard A. Leighton* DATE: 4/19/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

0064592

CR2E037 (11/98)