


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 # N03073 (6)**  
1. Corporation Name  
**ADALIA BAYFRONT CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>2 ADALIA AVE TAMPA FL 33606 US</b>	Mailing Address <b>2 ADALIA AVE TAMPA FL 33606 US</b>
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3. Date Incorporated or Qualified <b>05/14/1984</b>		
4. FEI Number <b>59-2635855</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Sulte, Apt. #, etc.	26 Sulte, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent  
**OVERBY, CAROL  
2 ADALIA AVE.  
STE 21  
TAMPA FL 33606**

10. Name and Address of New Registered Agent

81 Name <b>Angela Trapani</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>701 Brinton Cr</b>	
83 <b>Brandon</b>	
84 City	85 Zip Code <b>FL 33511</b>

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: *Angela Trapani* CA MANAGER of Adalia  
DATE: **2/26/98**

12. OFFICERS AND DIRECTORS

TITLE <b>DP DS</b>	<input type="checkbox"/> DELETE
NAME <b>REIDER, JEFFREY</b>	
STREET ADDRESS <b>2 ADALIA AVE</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>DS DS</b>	<input type="checkbox"/> DELETE
NAME <b>HANNERFIELD, BARRY</b>	
STREET ADDRESS <b>2 ADALIA AVE</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>DT</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>OVERBY, CAROL</b>	
STREET ADDRESS <b>2 ADALIA AVE</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>HANNERFELD, BARRY</b>	
1.3 STREET ADDRESS <b>2 ADALIA AVE UNIT #804</b>	
1.4 CITY-ST-ZIP <b>TAMPA, FL. 33606</b>	
2.1 TITLE <b>DS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>REIDER, JEFFREY</b>	
2.3 STREET ADDRESS <b>2 ADALIA AVE UNIT # 1004</b>	
2.4 CITY-ST-ZIP <b>TAMPA, FL 33606</b>	
3.1 TITLE <b>DT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>STEVE CARON</b>	
3.3 STREET ADDRESS <b>2 ADALIA AVE - UNIT # 707</b>	
3.4 CITY-ST-ZIP <b>TAMPA, FL. 33606</b>	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Angela Trapani* DATE: **2/26/98** 289-11053

CR2E037 (10/97)