

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 15 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N49125 (0)

1. Corporation Name
701 MIRROR LAKE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 701 MIRROR LAKE DRIVE ST. PETERSBURG FL 33701	Mailing Address RAMPART PROPERTIES 10033 9TH STREET NORTH ST PETERSBURG FL 33716
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3. Date Incorporated or Qualified 05/29/1992	
4. FEI Number NOT APPLICABLE	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
7. Is this nonprofit corporation a homeowners association? <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**SINCLAIR, RONALD F
701 MIRROR LAKE DRIVE #108
ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SINCLAIR, RONALD		1.2 NAME	
STREET ADDRESS 10033 9TH STREET NORTH		1.3 STREET ADDRESS 10033 Ninth St. N. 2nd Fl.	
CITY-ST-ZIP ST PETERSBURG FL		1.4 CITY-ST-ZIP St. Petersburg, FL 33716-3805	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SUAREZ, DENNIS		2.2 NAME	
STREET ADDRESS 10033 9TH STREET NORTH		2.3 STREET ADDRESS 10033 Ninth St. N. 2nd Fl.	
CITY-ST-ZIP ST. PETERSBURG FL		2.4 CITY-ST-ZIP St. Petersburg, FL 33716-3805	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE so	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVIS, TIM		3.2 NAME Cathy Romano	
STREET ADDRESS 10033 9TH STREET NORTH		3.3 STREET ADDRESS 10033 Ninth St. N. 2nd Fl.	
CITY-ST-ZIP ST PETERSBURG FL		3.4 CITY-ST-ZIP St. Petersburg, FL 33716-3805	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WRIGHT, EVELYN		4.2 NAME	
STREET ADDRESS 10033 9TH STREET NORTH		4.3 STREET ADDRESS 10033 Ninth St. N. 2nd Fl.	
CITY-ST-ZIP ST PETERSBURG FL		4.4 CITY-ST-ZIP St. Petersburg, FL 33716-3805	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOGAN, JUDY		5.2 NAME	
STREET ADDRESS 1033 9TH STREET NORTH		5.3 STREET ADDRESS 10033 Ninth St. N. 2nd Fl.	
CITY-ST-ZIP ST PETERSBURG FL		5.4 CITY-ST-ZIP St. Petersburg, FL 33716-3805	
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 10033 Ninth St. N. 2nd Fl.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP St. Petersburg, FL 33716-3805	

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: Ronald F Sinclair 4/1/98 577-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052064

CR2E037 (10/97)