

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90180 014 \*\*\*\*61.25

DOCUMENT # N49125

1. Corporation Name

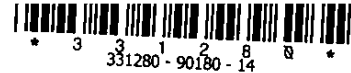
701 MIRROR LAKE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

701 MIRROR LAKE DRIVE  
ST. PETERSBURG FL 33701

Mailing Address

RAMPART PROPERTIES  
10033 9TH STREET NORTH  
ST PETERSBURG FL 33716



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

05/29/1992

4. FEI Number

NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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 Billy K. Osburn  
82 Street Address (P.O. Box Number is Not Acceptable) 10033 9th St. N. - 2nd Floor  
83  
84 City St. Petersburg, FL 85 Zip Code 33716-3805

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

*Billy K. Osburn*  
Signature, typed or printed name of registered agent and title if applicable.

*Billy K. Osburn*  
(NOTE: Registered Agent signature required when reinstating)

3/23/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SINCLAIR, RONALD	
STREET ADDRESS	10033 9TH STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SUAREZ, DENNIS	
STREET ADDRESS	10033 9TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROMANO, CATHY	
STREET ADDRESS	1033 NINTH ST N 2ND FLOOR	
CITY-ST-ZIP	ST-PETERSBURG FL 33716-3805	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WRIGHT, EVELYN	
STREET ADDRESS	10033 9TH STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOGAN, JUDY	
STREET ADDRESS	1033 9TH STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD GILBERT, CATHY
3.3 STREET ADDRESS	10033 9th St. N. 2nd-Floor
3.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	10033 9th St. N. - 2nd Floor
5.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805
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, with all other like empowered.

SIGNATURE:

*Ronald F. Sinclair*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99 (727) 893-8796  
Date Daytime Phone #

CR2E037 (11/98)