


**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

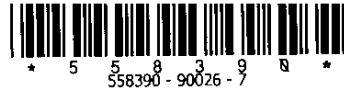
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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N92000000154  
 1. Corporation Name  
 BIARRITZ VILLAGE ASSOCIATION, INC.



Principal Place of Business: 4104 WEST LINEBAUGH AVENUE, STE 201, TAMPA FL 33624  
 Mailing Address: 4104 WEST LINEBAUGH AVENUE, STE 201, TAMPA FL 33624

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26 4330 W. Cypress Street	11/02/1992
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27 215	59-3171749
City & State	City & State	Applied For
23	28 Tampa FL	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	29 33607	<input type="checkbox"/> \$8.75 Additional Fee Required
	30 Hillsborough	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  
 MOBLEY, TM  
 4104 W. LINEBAUGH AVE  
 STE 201  
 TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name	Gwen McLean
82 Street Address (P.O. Box Number is Not Acceptable)	18908 Avenue Biarritz
83	
84 City	Lutz FL
85 Zip Code	33549

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: Gwendolyn V. McLean GRENDOLYN V. MCLEAN 4-28-99  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President PO
NAME	MOBLEY, TM	1.2 NAME	Gwen McLean
STREET ADDRESS	4104 WEST LINEBAUGH AVENUE, STE 201	1.3 STREET ADDRESS	18908 Avenue Biarritz
CITY-ST-ZIP	TAMPA FL 33624	1.4 CITY-ST-ZIP	Lutz, FL 33549
	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President VO
TITLE	VD	2.2 NAME	Jan Newell
NAME	MOBLEY, ANN	2.3 STREET ADDRESS	18930 Avenue Biarritz
STREET ADDRESS	4104 WEST LINEBAUGH AVENUE, STE 201	2.4 CITY-ST-ZIP	Lutz, FL 33549
CITY-ST-ZIP	TAMPA FL 33624	3.1 TITLE	Secretary SD
	<input checked="" type="checkbox"/> DELETE	3.2 NAME	Alexander Rich
TITLE	SD	3.3 STREET ADDRESS	18933 Avenue Biarritz
NAME	MOBLEY, MAUREEN	3.4 CITY-ST-ZIP	Lutz, FL 33549
STREET ADDRESS	4104 WEST LINEBAUGH AVENUE, STE 201	4.1 TITLE	Treasurer U
CITY-ST-ZIP	TAMPA FL 33624	4.2 NAME	Walter Herren
	<input checked="" type="checkbox"/> DELETE	4.3 STREET ADDRESS	18808 Avenue Biarritz
TITLE	D	4.4 CITY-ST-ZIP	Lutz, FL 33549
NAME	KAPPAY, BARRY	5.1 TITLE	Board member D
STREET ADDRESS	5824 AVENTURA CT	5.2 NAME	Don Webster
CITY-ST-ZIP	TAMPA FL	5.3 STREET ADDRESS	18807 Avenue Biarritz
	<input checked="" type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	Lutz, FL 33549
TITLE	D	6.1 TITLE	
NAME	HILL, PAT	6.2 NAME	
STREET ADDRESS	18928 PLACE MARQUETTE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	6.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE		

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: Gwendolyn V. McLean GRENDOLYN V. MCLEAN 4-28-99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE # 83-949-4113

CR2E037 (1/198)