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**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mathum
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # N93000003005 (6)
1. Corporation Name
SEASIDE AT BELLEAIR MASTER ASSOCIATION, INC.

Principal Place of Business Mailing Address
**220 BELLEVIEW BLVD.
BELLEAIR FL 34616
US** **220 BELLEVIEW BLVD.
BELLEAIR FL 34616
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/02/1993	3a. Date of Last Report 04/27/1994
4. FEI Number 59-3206213	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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**MILLER, RONALD H.
220 BELLEVIEW BLVD.
BELLEAIR FL 34616**

10. Name and Address of New Registered Agent

81. Name LENNARD A. LEIGHTON
82. Street Address (P.O. Box Number is Not Acceptable) 1700 McMULLEN BOOTH RD.
83. SUITE C3
84. City CLEARWATER FL 85. Zip Code 34619

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0501, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **2/9/95**
(Signature, typed or printed name of registered agent and the corporation) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DP	NAME GRIFFITH, ALLEN	STREET ADDRESS 1 SEASIDE LANE, #702	CITY-ST-ZIP BELLEAIR FL
TITLE DS	NAME JUENGLING, CHARLES	STREET ADDRESS 1212 S. MYRTLE AVE.	CITY-ST-ZIP CLEARWATER FL
TITLE DT	NAME MALLORY, GEORGE	STREET ADDRESS 1 SEASIDE LANE, SUITE 504	CITY-ST-ZIP BELLEAIR FL
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME JUENGLING, CHARLES E.	
1.3 STREET ADDRESS 1212 S. MYRTLE AVE.	
1.4 CITY-ST-ZIP CLEARWATER FL 34616	
2.1 TITLE DT	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME JUENGLING, CAROL A.	
2.3 STREET ADDRESS 1212 S. MYRTLE AVE.	
2.4 CITY-ST-ZIP CLEARWATER, FL 34616	
3.1 TITLE DVS	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME BYRD, ROBERT W	
3.3 STREET ADDRESS 1208 S, MYRTLE AVE.	
3.4 CITY-ST-ZIP CLEARWATER, FL 34616	
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **11/31/95** **461-6449**
(Signature, typed or printed name of signing officer or director) (Typed Name #)
Charles Juengling - President