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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003005 (6)
1. Corporation Name
SEASIDE AT BELLEAIR MASTER ASSOCIATION, INC.



Principal Place of Business 220 BELLEVIEW BLVD. BELLEAIR FL 34616 US	Mailing Address 220 BELLEVIEW BLVD. BELLEAIR FL 34616-1983 US
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21 Principal Place of Business	26 Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 07/02/1993	3a. Date of Last Report 03/19/1996
4. FEI Number 59-3206213	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LEIGHTON, LENNARD A.
1700 MCMULLEN BOOTH RD
SUITE C3
CLEARWATER FL 34619**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	JUENGLING, CHARLES E.	
STREET ADDRESS	1212 S. MYRTLE AVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	JUENGLING, CAROL A.	
STREET ADDRESS	4212 S. MYRTLE AVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	BYRD, ROBERT W.	
STREET ADDRESS	1208 S. MYRTLE AVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MALLORY, GEORGE	
STREET ADDRESS	ONE SEASIDE LANE	
CITY-ST-ZIP	BELLAIR FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	LOZENBY, WILLIAM	
STREET ADDRESS	ONE SEASIDE LANE	
CITY-ST-ZIP	BELLAIR 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D HESS, KATHLEEN J.
2.3 STREET ADDRESS	1208 SO. MYRTLE AVE
2.4 CITY-ST-ZIP	CLEARWATER FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	DT LAZENBY, WILLIAM
5.3 STREET ADDRESS	ONE SEASIDE LANE #803
5.4 CITY-ST-ZIP	BELLAIR, FL
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 do 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 _____ DATE _____

CP2E037 (9/96)