

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 Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90006 009 ****61.25

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DOCUMENT # N93000003005

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 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

07/02/1993

4. FEI Number

59-3206213

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

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

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

Signatures, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	JUENGLING, CHARLES E.	
STREET ADDRESS	1212 S. MYRTLE AVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HESS, KATHLEEN J	
STREET ADDRESS	1208 S MYRTLE AVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DVS	<input checked="" 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	D	<input type="checkbox"/> DELETE
NAME	VANWINKLE, ROBERT	
STREET ADDRESS	TWP SEASIDE LANE STE 302	
CITY-ST-ZIP	BELLEAIR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAMES LANKTON	
1.3 STREET ADDRESS	Three Seaside Lane #402	
1.4 CITY-ST-ZIP	Belleair, FL 33756	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BOB CROWN	
2.3 STREET ADDRESS	Two Seaside Lane #103	
2.4 CITY-ST-ZIP	Belleair, FL 33756	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JAMES INGERSOLL	
3.3 STREET ADDRESS	One Seaside Lane #803	
3.4 CITY-ST-ZIP	Belleair, FL 33756	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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: *Robert VanWinkle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/25/99 Daytime Phone #: 442-6370

CR2E037 (11/98)