

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 6: 01

DOCUMENT # **N94000002161 (7)**

1. Corporation Name

**THE BELLEAIR BEACH GULFSIDE CIVIC ASSOCIATION, I
NC.**

Principal Place of Business

Mailing Address

2900 GULF BLVD
BELLEAIR BEACH FL 34635

2900 GULF BLVD
BELLEAIR BEACH FL 34635

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/28/1994	3a. Date of Last Report
4. FEI Number 59-3247965	Applied For Not Applicable

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip 34634	28. Zip 34634
24. Country	29. Country
25. Country	30. Country

5. Certificate of Status Desired	<input type="checkbox"/>	\$0.75 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RODGERS, ANDREW C
2900 GULF BLVD #205
BELLEAIR BEACH FL 34635**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City FL
85. Zip Code

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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CLARKE, RICHARD S
STREET ADDRESS	2450 GULF BLVD #4B
CITY - ST - ZIP	BELLEAIR BEACH FL 34635
TITLE	D
NAME	GREGORY, WILLIAM T
STREET ADDRESS	3500 GULF BLVD #C-214
CITY - ST - ZIP	BELLEAIR BEACH FL 34635
TITLE	D
NAME	KOCH, ROBERT M
STREET ADDRESS	2100 GULF BLVD #2
CITY - ST - ZIP	BELLEAIR BEACH FL 34635
TITLE	D
NAME	MOORE, DON A
STREET ADDRESS	3400 GULF BLVD #308
CITY - ST - ZIP	BELLEAIR BEACH FL 34635
TITLE	D
NAME	RODGERS, ANDREW C
STREET ADDRESS	2900 GULF BLVD #205
CITY - ST - ZIP	BELLEAIR BEACH FL 34635
TITLE	D
NAME	SCHRIEFER, HERMAN F
STREET ADDRESS	2500 GULF BLVD #205A
CITY - ST - ZIP	BELLEAIR BEACH FL 34635

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CINDI PETERS	
1.3 STREET ADDRESS	2500 GULF BLVD #105A	
1.4 CITY - ST - ZIP	BELLEAIR BEACH FL 34634	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STEEB, ARTHUR	
2.3 STREET ADDRESS	2900 GULF BLVD #311	
2.4 CITY - ST - ZIP	BELLEAIR BEACH FL 34634	
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 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert M. Koch* **ROBERT M. KOCH** 3/24/95 913 596-8388
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR Title (Typed Name)