

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000002161 (7)

1. Corporation Name

THE BELLEAIR BEACH GULFSIDE CIVIC ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**2900 GULF BLVD
BELLEAIR BEACH FL 34634
US**

**2900 GULF BLVD
BELLEAIR BEACH FL 34634
US**

3. Date Incorporated or Qualified **04/28/1994** 3a. Date of Last Report **04/03/1995**

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc. **BOX 315**

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

4. FEI Number **59-3247965** 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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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	D	<input type="checkbox"/> DELETE
NAME	CLARKE, RICHARD S	
STREET ADDRESS	2450 GULF BLVD #48	
CITY-ST-ZIP	BELLEAIR BEACH FL 34635	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREGORY, WILLIAM T	
STREET ADDRESS	3500 GULF BLVD #C-214	
CITY-ST-ZIP	BELLEAIR BEACH FL 34635	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOCH, ROBERT M	
STREET ADDRESS	2100 GULF BLVD #2	
CITY-ST-ZIP	BELLEAIR BEACH FL 34635	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOORE, DON A	
STREET ADDRESS	3400 GULF BLVD #306	
CITY-ST-ZIP	BELLEAIR BEACH FL 34635	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RODGERS, ANDREW C	
STREET ADDRESS	2900 GULF BLVD #205	
CITY-ST-ZIP	BELLEAIR BEACH FL 34635	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHRIEFER, HERMAN F	
STREET ADDRESS	2500 GULF BLVD #205A	
CITY-ST-ZIP	BELLEAIR BEACH FL 34635	

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ARTHUR STEEB, JR.	
1.3 STREET ADDRESS	2900 GULF BLVD #311	
1.4 CITY-ST-ZIP	BELLEAIR BEACH, FL 34634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STUART C SCOTT	
2.3 STREET ADDRESS	3100 GULF BLVD #123	
2.4 CITY-ST-ZIP	BELLEAIR BEACH, FL 34634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CYNTHIA PETERS	
3.3 STREET ADDRESS	2500 GULF BLVD 105-A	
3.4 CITY-ST-ZIP	BELLEAIR BEACH, FL 34634	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ANDREW C RODGERS, SECRE 1-29-96 813/595-6729

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (12/95)