

FILE NOW: FILING FEE IS \$61.25

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**Feb 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000002161 (7)
1. Corporation Name
THE BELLEAIR BEACH GULFSIDE CIVIC ASSOCIATION, INC.



Principal Place of Business 2900 GULF BLVD BELLEAIR BEACH FL 33786 US	Mailing Address 2900 GULF BLVD BOX 315 BELLEAIR BEACH FL 33786-3521 US
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3. Date Incorporated or Qualified 04/28/1994		
4. FEI Number 59-3247965	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent
**RODGERS, ANDREW C
2900 GULF BLVD #205
BELLEAIR BEACH FL 33786**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Not Acceptable)
83
84 City
FL **85** Zip Code

Does not owe any P.P. Tax

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT M. KOCH	1.2 NAME	
STREET ADDRESS	2100 GULF BLVD. #2	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR BEACH FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SCOTT, STUART C	2.2 NAME	
STREET ADDRESS	3100 GULF BLVD, # 123	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR BEACH FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YO PETERS, CYNTHIA	3.2 NAME	
STREET ADDRESS	2500 GULF BLVD, # 105-A	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR BEACH FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP MOORE, DON A	4.2 NAME	
STREET ADDRESS	3400 GULF BLVD #306	4.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR BEACH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S RODGERS, ANDREW C	5.2 NAME	
STREET ADDRESS	2900 GULF BLVD #205	5.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SCHRIEFER, HERMAN F	6.2 NAME	
STREET ADDRESS	2500 GULF BLVD #205A	6.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR BEACH FL	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 agreement with the address.

SIGNATURE _____

CR2E037 (10/97)

BELLEAIR BEACH GULFSIDE CIVIC ASSOCIATION, INC.

2900 Gulf Boulevard, Box 315, Belleair Beach, FL 33786

8 JANUARY 1998

TO: DEPARTMENT OF STATE

RE: 1998 ANNUAL REPORT

ADD TO BLOCK 12.

D
MIKE TOWRY
9260 MERRIMORE BLVD
SEMINOLE FL 34647