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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000001162

1. Corporation Name
PHILLIPPE ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5514 PARK BOULEVARD PINELLAS PARK FL 34665	5514 PARK BOULEVARD PINELLAS PARK FL 34665

2. Principal Place of Business 21 5514 Park Blvd.	2a. Mailing Address 26 P.O. Box 10243	3. Date Incorporated or Qualifed 02/26/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number ☑ Applied For ☐ Not Applicable
City & State 23 Pinellas Park Fl.	City & State 28 Largo Fl.	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 33781 25 USA	Zip / Country 29 33773 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JONES, CHRISTIE S ESQUIRE 126-21ST AVENUE NORTHEAST ST. PETERSBURG FL 33704-4541	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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD REED, JOHN W 250 MIRROR LAKE DRIVE NORTH ST. PETERSBURG FL 33701	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Reed John W 5514 Park BLVD. Dwe Pinellas Park, Fl. 33781 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BRODERICK, ROGER B 5514 PARK BOULEVARD PINELLAS PARK FL 34665	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SD Broderick, Roger B 5514 Park BLVD. Pinellas Park, Fl. 33781 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD EATON, DUKE 250 MIRROR LAKE DRIVE NORTH ST. PETERSBURG FL 33701	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	TD McReynolds, Cynthia 5514 Park Blvd. Pinellas Park, Fl. ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: John Signature required John W Reed 4/8/99 727-392-7980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)