


**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90125 027 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

**DOCUMENT # N98000003477**  
 1. Corporation Name  
**SHAGOS BAY ASSOCIATION, INC.**

572347 - 90013 - 1 7 \*

Principal Place of Business: 924 SHAGOS DRIVE, APOLLO BEACH FL 33572  
 Mailing Address: 924 SHAGOS DRIVE, APOLLO BEACH FL 33572



21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/16/1998	
22	City & State	27	City & State	4.	FEI Number	Applied For
					NOT APPLICABLE	<input checked="" type="checkbox"/> Not Applicable
23	Zip	28	Zip	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	Country		Country		<input type="checkbox"/>	
24	Zip	29	Zip	6.	Election Campaign Financing	\$5.00 May Be Added to Fees
	Country		Country		<input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134				81	Name	G. R. BREZINA	
				82	Street Address (P.O. Box Number is Not Acceptable)	924 SHAGOS DRIVE	
				83			
				84	City	APOLLO BEACH	85
					State	FL	Zip Code
							33572

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: *Gerald R. Brezina* DATE: 4/30/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREZINA, GERALD R	1.2 NAME	
STREET ADDRESS	924 SHAGOS DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH FL 33572	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DROUIN, LOUIS	2.2 NAME	
STREET ADDRESS	924 SHAGOS DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH FL 33572	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JABLONSKY, DANIEL R	3.2 NAME	
STREET ADDRESS	924 SHAGOS DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH FL 33572	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Gerald R. Brezina* SIGNATURE REQUIRED DATE: 4/30/99 DAYTIME PHONE #: 813-645-5662

CR2E037 (1/98)