

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 734377 (5)**  
1. Corporation Name  
**THE FRIENDLY NATIVE BEACH RESORT CONDOMINIUM, INC.**



Principal Place of Business <b>6700 SUNSET WAY ST PETERSBURG BEACH FL 33706-2053</b>	Mailing Address <b>6700 SUNSET WAY ST PETERSBURG BEACH FL 33706-2038</b>
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<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address	<b>3.</b> Date Incorporated or Qualified <b>11/19/1975</b>	<b>3a.</b> Date of Last Report <b>03/01/1996</b>
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.	<b>4.</b> FEI Number <b>59-1656341</b>	Applied For <input type="checkbox"/> Not Applicable
<b>22</b> City & State	<b>27</b> City & State	<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>23</b> Zip	<b>28</b> Zip	<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>24</b> Country	<b>29</b> Country	<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b>	<b>10. Name and Address of New Registered Agent</b>
<b>SHAW, MARLENE S 6800 SUNSET WAY ST. PETERSBURG BEACH FL 33706</b>	<b>81</b> Name <b>J. Kenneth Hurley</b>
	<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
	<b>83</b> <b>6700 Sunset Way</b>
	<b>84</b> City <b>St. Petersburg Beach FL</b> <b>85</b> Zip Code <b>33706</b>

**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 *J. Kenneth Hurley* **J. Kenneth Hurley** **March 10, 1997**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VICKERS, LARRY</b>	1.2 NAME	
STREET ADDRESS	<b>640 VALLEY FORCE RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COOKEVILLE TN</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAAB, RICHARD</b>	2.2 NAME	
STREET ADDRESS	<b>2263 WEST LIBERTY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ANN ARBOR MI</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALMERIC, MARJORIE</b>	3.2 NAME	
STREET ADDRESS	<b>807 W INDIANA AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARCIA, DULCE MARIA V</b>	4.2 NAME	
STREET ADDRESS	<b>4808 DARBY AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SWENSON, GLENN</b>	5.2 NAME	
STREET ADDRESS	<b>3521-6TH AVE.,N.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST.PETERSBURG FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTINEZ A G</b>	6.2 NAME	
STREET ADDRESS	<b>908 W VIRGINIA AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	6.4 CITY-ST-ZIP	

**14.** I do 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.

SIGNATURE: *[Signature]* **3/12/97**

CR2E037 (9/96)