


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 734377 (5)
1. Corporation Name
THE FRIENDLY NATIVE BEACH RESORT CONDOMINIUM, IN C.



| | |
|---|---|
| Principal Place of Business 6700 SUNSET WAY ST PETERSBURG BEACH FL 33706-2053 | Mailing Address 6700 SUNSET WAY ST PETERSBURG BEACH FL 33706-2053 |
|---|---|

| | | |
|--|---|---|
| 3. Date Incorporated or Qualified 11/19/1975 | | |
| 4. FEI Number 59-1656341 | 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 type="checkbox"/> No | | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

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

9. Name and Address of Current Registered Agent
**HURLEY, J. K
8700 SUNSET WAY
ST PETERSBURG BEACH FL 33708**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 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 | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VICKERS, LARRY | 1.2 NAME | |
| STREET ADDRESS | 640 VALLEY FORCE RD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | COOKEVILLE TN | 1.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RAAB, RICHARD | 2.2 NAME | |
| STREET ADDRESS | 2263 WEST LIBERTY | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ANN ARBOR MI | 2.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALMERIC, MARJORIE | 3.2 NAME | |
| STREET ADDRESS | 807 W INDIANA AVE. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 3.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GARCIA, DULCE MARIA V | 4.2 NAME | |
| STREET ADDRESS | 4808 DARBY AVE. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SWENSON, GLENN | 5.2 NAME | |
| STREET ADDRESS | 3521-8TH AVE.,N. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST.PETERSBURG FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARTINEZ A G | 6.2 NAME | |
| STREET ADDRESS | 908 W VIRGINIA AVE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA 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 attachment with an address.

SIGNATURE: *Dell Eads*

1-30-98

CR2E037 (10/97)