4.29-98 6- 5936 -C FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 723119

(4)

BOCA CIEGA POINT EAST TWELVE CONDOMINIUM CORPORA TION, INC.				I ALAN ILAGO HAGA HAGA HAGA HAGA HAGA HAGA BAGA BAGA
Principal Place of Business Mailing Address				
ORPORATION. INC. 275 BOCA CIEGA PT BLVD S 8T. PETERSBURG FL 33708 ORPORATION. INC. 275 BOCA CIEGA PT BLVD S ST. PETERSBURG FL 33708			s	3. Date Incorporated or Qualified 04/11/1972 4. FEI Number Applied For 59-1563447 Not Applicable
2. Principal Place of Business 2a. Mailing Address		· 	5. Certificate of Status Desired \$8.75 Additional	
21 26				Fee Required
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & State		City & State		7. Is this nonprofit corporation a homeowners association?
23		28		☐ Yes ☐ No
Ζip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25		30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered Agent
			81 Name	
FEDERATION OF BOCA CIEGA PT CONDO, INC.			82 Street	Address (P.O. Box Number Is Not Acceptable)
275 BOCA CIEGA PT BLVD ST. PETERSBURG FL 33708			83	
OI. PEII	ENODUNG PL 33/00			
1			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 .	Signature, typed or printed name of registered age	ent and title N applicable. (NOTE:	Registered Agent signatur	e required when reinstaling) DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VPD	☐ DELETE	1.1 TITLE	PD Change & Addition
NAME	GREGORY, PHYLLIS		1.2 NAME	Redus, John
STREET ADDRESS	275 BOCA CIEGA PT BLVD		1.3 STREET ADDRESS	275 Boca Ciega Pt blvd
CITY - ST - ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	St. Petersburg, Fl. 33708
TITLE	TD DODIN MCCADTED	DELETE	2.1 TITLE	SD Change X Addition
NAME	ROBIN MCCARTER 275 BOCA CIEGA PT. BLVD.		2.2 NAME	Shrader, Leo
STREET ADORESS	ST. PETERSBURG FL		2.3 STREET ADDRESS	275 Boca Ciega Pt Blvd
CITY-ST-ZIP TITLE	TD	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	St. Petersburg, Fl. 33708
NAME	TRIOLO, FRANCIS	A with the	3.2 NAME	Lord, Robert
STREET ADDRESS	668 BOCA CIEGA PT BLVD		3.3 STREET ADDRESS	275 Boca Ciega Pt Blvd
CITY-ST-ZIP	ST. PETERSBURG FL		3.4, CITY-ST-ZIP	St. Petersburg, Fl. 33708
TITLE	SD	DELETE	4.1 TITLE	Change Addition
NAME	JONES, ARLENE	/	4.2 NAME	
STREET ADDRESS	275 BOCA CIEGA PT BLVD		4.3 STREET ADDRESS]
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
HAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
HAME			6.2 NAME	
CTREET ADDRESS			R 2 CTREET ANNACCO	1

14. I hereby certify that the information supplied with this filling 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 13 if changed or on an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE:

04/13/98

813-398-1270

FILED

Apr 29 1998 8:00am

Secretary of State

Daytime Phone # 004 1358