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**Mar 14, 1999 8:00 am**  
**Secretary of State**

03-14-1999 90043 036 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 723119**

1. Corporation Name

**BOCA CIEGA POINT EAST TWELVE CONDOMINIUM CORPORATION, INC.**

Principal Place of Business  
ORPORATION, INC.  
275 BOCA CIEGA PT BLVD S  
ST. PETERSBURG FL 33708

Mailing Address  
ORPORATION, INC.  
275 BOCA CIEGA PT BLVD S  
ST. PETERSBURG FL 33708



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/11/1972	
4. FEI Number 59-1563447		Applied For Not Applicable		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		9. Name and Address of Current Registered Agent FEDERATION OF BOCA CIEGA PT CONDO, INC. 275 BOCA CIEGA PT BLVD ST. PETERSBURG 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 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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	GREGORY, PHYLLIS	1.2 NAME	SCHRADER, Leo
STREET ADDRESS	275 BOCA CIEGA PT BLVD	1.3 STREET ADDRESS	275 Boca Ciega Pt. Blv
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	St. Pete., FL 33708
TITLE	PD	2.1 TITLE	D
NAME	REDUS, JOHN	2.2 NAME	Linder, Elise
STREET ADDRESS	275 BOCA CIEGA PT. BLVD.	2.3 STREET ADDRESS	275 Boca Ciega Pt. Blvd.
CITY-ST-ZIP	ST. PETERSBURG FL 33078	2.4 CITY-ST-ZIP	St. Petersburg, FL
TITLE	SD	3.1 TITLE	SD
NAME	SHRADER, LEO	3.2 NAME	Kersh, Guy
STREET ADDRESS	275 BOCA CIEGA PT BLVD	3.3 STREET ADDRESS	275 Boca Ciega Pt. Bl
CITY-ST-ZIP	ST. PETERSBURG FL 33708	3.4 CITY-ST-ZIP	St. Pete., FL
TITLE	TD	4.1 TITLE	T
NAME	LORD, ROBERT	4.2 NAME	Schrader, Cean
STREET ADDRESS	275 BOCA CIEGA PT BLVD	4.3 STREET ADDRESS	275 Boca Ciega Pt. Bl
CITY-ST-ZIP	ST PETERSBURG FL 33708	4.4 CITY-ST-ZIP	St. Pete., FL
TITLE		5.1 TITLE	VD
NAME		5.2 NAME	Jim Gregory, Jim
STREET ADDRESS		5.3 STREET ADDRESS	275 Boca Ciega Pt. Bl
CITY-ST-ZIP		5.4 CITY-ST-ZIP	St. Pete., FL
TITLE		6.1 TITLE	
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/99

727-398-2366

CR2E037 (1/98)