


FILE NOW: FILING FEE IS \$61.25

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Mar 14, 1999 8:00 am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 722781 | | | | | |
| 1. Corporation Name BOCA CIEGA POINT EAST EIGHT CONDOMINIUM CORPORAT ION, INC. | | | | | |
| Principal Place of Business CONDOMINIUM CORP., INC. 275 BOCA CIEGA POINT BLVD. ST. PETERSBURG FL 33708 | | | Mailing Address CONDOMINIUM CORP., INC. 275 BOCA CIEGA POINT BLVD. ST. PETERSBURG FL 33708 | | |



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|--|--|---|--|---|--|
| 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 02/28/1972 | |
| 4. FEI Number 59-1561102 | | Applied For <input type="checkbox"/> 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 POINT 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 | D | VP | <input type="checkbox"/> DELETE | 1.1 TITLE | VD | KONDULIS, Angelo | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KONDULIS, ANGELO | | | 1.2 NAME | 275 Boca Ciega Pt. Blvd. | | |
| STREET ADDRESS | 275 BOCA CIEGA PT. BLVD. | | | 1.3 STREET ADDRESS | St. Petersburg, FL | | |
| CITY-ST-ZIP | ST. PETERSBURG FL | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | D | | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | SELLERS, FRED | | | 2.2 NAME | | | |
| STREET ADDRESS | 275 BOCA CIEGA PT BLVD | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33708 | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | VPD | D | <input type="checkbox"/> DELETE | 3.1 TITLE | D | LINDSEY, Vern | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LINDSEY, VERN | | | 3.2 NAME | 275 Boca Ciega Pt. Blvd. | | |
| STREET ADDRESS | 275 BOCA CIEGA PT. BLVD. | | | 3.3 STREET ADDRESS | St. Petersburg, FL | | |
| CITY-ST-ZIP | ST PETERSBURG, FL 00000 | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | S | | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | PAULINE KONDULIS | | | 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 | PD | | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | VAN ERMENGEM, JEANNE | | | 5.2 NAME | | | |
| STREET ADDRESS | 275 BOCA CIEGA PT BLVD | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ST PETERSBURG FL | | | 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:

JEANNE VAN ERMENGEM
JEANNE VAN ERMENGEM

3-2-99

Date

Daytime Phone #

CR2E037 (1/98)