

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 21 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **705183** (2)

1. Corporation Name

**SOUTH PASADENA CIVIC ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
% GERALD E. MAYHEW 1868 SHORE DRIVE, SOUTH #305 S. PASADENA FL 33707	% GERALD E. MAYHEW 1868 SHORE DRIVE, SOUTH #305 S. PASADENA FL 33707

3. Date Incorporated or Qualified	02/11/1963
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4. FEI Number	59-2018775	Applied For	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>
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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 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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
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9. Name and Address of Current Registered Agent
O'LEARY, DONALD M 4753 CENTRAL AVENUE ST PETERSBURG FL 33713

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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	MAYHEW, GERALD
STREET ADDRESS	MAYHEW, GERALD
CITY-ST-ZIP	S. PASADENA FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	STEBELTON, AGNES
STREET ADDRESS	1868 SHORE DR SO 311
CITY-ST-ZIP	SOUTH PASADENA FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	CORBETT, MILDRED
STREET ADDRESS	1893 SHORE DR S., APT 301
CITY-ST-ZIP	S. PASADENA FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	CLARKE, MARY
STREET ADDRESS	1868 SHORE DR SO APT 605
CITY-ST-ZIP	SOUTH PASADENA FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	WINANS, GERALDINE M.
STREET ADDRESS	6924 SOUTH SHORE DR. SO.
CITY-ST-ZIP	S. PASADENA FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	HELD, ALMA
STREET ADDRESS	7700 SUN ISLAND DR. #601
CITY-ST-ZIP	S. PASADENA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VERA MAYHEW
1.3 STREET ADDRESS	1868 SHORE DR. SO #305
1.4 CITY-ST-ZIP	SOUTH PASADENA FL 33707
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:	<i>[Signature]</i>	1/6/98	347-5292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E037 (10/97)