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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **709416** (2)

1. Corporation Name

BUSINESS AND PROFESSIONAL ASSOCIATION OF BELLEAIR BLUFFS, INC.



Principal Place of Business	Mailing Address
2840 W. BAY DR. #359 BELLEAIR BLUFFS FL 34640 US	2840 W. BAY DR #359 BELLEAIR BLUFFS FL 34640 US

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

3. Date Incorporated or Qualified	08/10/1985
4. FEI Number	59-2703816
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

9. Name and Address of Current Registered Agent	
FORD, EDWIN I. 2310 WEST BAY DRIVE LARGO FL 34640	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P CAMPA-FLANAGAN, ELIZABETH 2889 W. BAY DR. BELLEAIR BLUFFS FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	V BENDER, KIMBERLY D 321 N. INDIAN ROCKS RD., #C BELLEAIR BLUFFS FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	S IMHOFF, EMMA 2840 W. BAY DR. BELLEAIR BLUFFS FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	T BROTMAN, MARY K 2781 W. BAY DR. BELLEAIR BLUFFS FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D DRAGON, JOAN 119 S. INDIAN ROCKS RD. BELLEAIR BLUFFS FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D OTTAVIANI, CATHY 464 BLUFFVIEW DR. BELLEAIR BLUFFS FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D BENDER, Kimberly D 321 N INDIAN ROCKS RD #C BELLEAIR Bluffs, FL 33770
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	V JACKIE HOEGLER 280 N INDIAN ROCKS RD BELLEAIR Bluffs, FL 33770
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	P IMHOFF, EMMA 2840 W. BAY DR BELLEAIR Bluffs, FL
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
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: *Mary K Brothman* 2/1/98 812-50114622

CR2E037 (10/97)