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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711660 (1)

1. Corporation Name
BELLEAIR CIVIC ASSOCIATION, INC.



Principal Place of Business 901 PONCE DELEON BLVD BELLEAIR FL 34616-1034	Mailing Address 901 PONCE DELEON BLVD BELLEAIR FL 34616-1034
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3. Date Incorporated or Qualified 10/20/1966	3a. Date of Last Report 03/18/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1153411	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27	6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**SCHLAUG, OWEN C
501 POINSETTIA ROAD
BELLEAIR FL 34616**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	TUCKER, ALICE
STREET ADDRESS	403 OSCEOLA ROAD
CITY-ST-ZIP	BELLEAIR FL 34616
TITLE	VP <input type="checkbox"/> DELETE
NAME	WOODROUGH, MARGOT
STREET ADDRESS	503 POINSETTIA ROAD
CITY-ST-ZIP	BELLEAIR FL 34616
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HEMMING, ALEXANDRA
STREET ADDRESS	220 BELLEVIEW BLVD., #703
CITY-ST-ZIP	BELLEAIR FL
TITLE	T <input type="checkbox"/> DELETE
NAME	SCHLAUG, OWEN C
STREET ADDRESS	501 POINSETTIA ROAD
CITY-ST-ZIP	BELLEAIR FL 34616
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	SPRAGUE, LINDA
STREET ADDRESS	12 SOUTH PINE CIRCLE
CITY-ST-ZIP	BELLEAIR FL 34616
TITLE	D <input type="checkbox"/> DELETE
NAME	GASTON, KATHY
STREET ADDRESS	209 PONCE DE LEON BLVD.
CITY-ST-ZIP	BELLEAIR FL 34616

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MICHAEL WILKINSON
1.3 STREET ADDRESS	1707 PEACEFUL AVE.
1.4 CITY-ST-ZIP	BELLEAIR, FL 34616
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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WILL ROEPER
3.3 STREET ADDRESS	221 PONCE DE LEON BLVD
3.4 CITY-ST-ZIP	BELLEAIR, FL 34616
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	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MARILYN A SCHLAUG
5.3 STREET ADDRESS	501 POINSETTIA ROAD
5.4 CITY-ST-ZIP	BELLEAIR, FL 34616
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 do 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: Owen C. Schlaug **SCHLAUG** **2/14/97** **813/559-9706**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 006638

CP2E037 (9/96)