

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

3. Date Incorporated or Qualified: 10/20/1966
4. FEI Number: 59-1153411
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip: 33756-1034 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip: 33756-1034 29 Country: 30

9. Name and Address of Current Registered Agent
SCHLAUG, OWEN C
501 POINSETTIA ROAD
BELLEAIR FL 34616
TS. 98-94 AR 4/21/99

10. Name and Address of New Registered Agent
81 Name: JOHN CATALANO
82 Street Address (P.O. Box Number is Not Acceptable): 2401 W. BAY DRIVE
83 City: LARGO
84 State: FL ZIP: 33270
-04/27/99 - 01/02/99
***122-50 ***33270

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: JOHN CATALANO - TREASURER 9/20/98

12. OFFICERS AND DIRECTORS

| | | |
|---|--------------------------------|--|
| TITLE: P | NAME: MICHAEL WILKINSON | DELETED: <input checked="" type="checkbox"/> |
| STREET ADDRESS: 1707 PEACEFUL AVE. | CITY-ST-ZIP: BELLEAIR FL | |
| TITLE: VP | NAME: WOODROUGH, MARGOT | DELETED: <input checked="" type="checkbox"/> |
| STREET ADDRESS: 503 POINSETTIA ROAD | CITY-ST-ZIP: BELLEAIR FL 34616 | |
| TITLE: D | NAME: WILL ROEPER | DELETED: <input type="checkbox"/> |
| STREET ADDRESS: 221 PONCE DE LEON BLVD. | CITY-ST-ZIP: BELLEAIR FL | |
| TITLE: T | NAME: SCHLAUG, OWEN C | DELETED: <input checked="" type="checkbox"/> |
| STREET ADDRESS: 501 POINSETTIA ROAD | CITY-ST-ZIP: BELLEAIR FL 34616 | |
| TITLE: S | NAME: MARILYN A SCHLAUG | DELETED: <input checked="" type="checkbox"/> |
| STREET ADDRESS: 501 POINSETTIA RD. | CITY-ST-ZIP: BELLEAIR FL | |
| TITLE: O | NAME: GASTON, KATHY | DELETED: <input checked="" type="checkbox"/> |
| STREET ADDRESS: 209 PONCE DE LEON BLVD. | CITY-ST-ZIP: BELLEAIR FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--|--|
| 11 TITLE: PRESIDENT | Change: <input type="checkbox"/> Addition: <input checked="" type="checkbox"/> |
| 12 NAME: SHERAIE MORTON | |
| 13 STREET ADDRESS: 410 POINSETTIA ROAD | |
| 14 CITY-ST-ZIP: BELLEAIR, FL 33756 | |
| 21 TITLE: CAY BUTTERY (VICE-PRES) | Change: <input type="checkbox"/> Addition: <input checked="" type="checkbox"/> |
| 22 NAME: ELLEN SNIBBE | |
| 23 STREET ADDRESS: 57 PELICAN PLACE | |
| 24 CITY-ST-ZIP: BELLEAIR, FL 33756 | |
| 31 TITLE: TREASURER | Change: <input type="checkbox"/> Addition: <input checked="" type="checkbox"/> |
| 32 NAME: JOHN CATALANO | |
| 33 STREET ADDRESS: 2401 W. BAY DRIVE | |
| 34 CITY-ST-ZIP: LARGO, FL 33770 | |
| 41 TITLE: DIRECTOR | Change: <input type="checkbox"/> Addition: <input checked="" type="checkbox"/> |
| 42 NAME: CONNIE MUDANO | |
| 43 STREET ADDRESS: 504 POINSETTIA ROAD | |
| 44 CITY-ST-ZIP: BELLEAIR, FL 33756 | |
| 51 TITLE: DIRECTOR | Change: <input type="checkbox"/> Addition: <input checked="" type="checkbox"/> |
| 52 NAME: ELLEN SNIBBE | |
| 53 STREET ADDRESS: 57 PELICAN PLACE | |
| 54 CITY-ST-ZIP: BELLEAIR, FL 33756 | |
| 61 TITLE: DIRECTOR | Change: <input type="checkbox"/> Addition: <input checked="" type="checkbox"/> |
| 62 NAME: ELEANOR KENLY | |
| 63 STREET ADDRESS: 19 HIBISCUS ROAD | |
| 64 CITY-ST-ZIP: BELLEAIR, FL 33756 | |

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: Will Roper 4/16/99
WILL ROEPER 727-581-9343

CR2E037 (10/97)

BELLEAIR CIVIC ASSOCIATION
901 Ponce de Leon Blvd.
Belleair, Florida 33756

March 19, 1999

2

Mr. Tyrone Scott
Document Specialist
Florida Department of State
Division of Corporations
Reinstatement
P. O. Box 6327
Tallahassee, Florida 32314

Subject: Belleair Civic Association, Inc.
Reference Number 711660
Letter Number 498S00058293

Dear Mr. Scott:

I telephoned you today and learned the enclosed letter dated January 8, 1999 was not received.

Please respond to our Association's request to waive the reinstatement fee due to extenuating circumstances.

My daytime telephone number is 727-582-7676 and my FAX is 727-582-7680. Thank you for your courtesy in this matter.

Sincerely,

Sherrie Morton
President
410 Poinsettia Road
Belleair, Florida 33756