FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 14, 1999 8:00 am
Secretary of State
03-14-1999 90043 047 ****61.25

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DOCUMENT # 715709

1. Corporation Name

BOCA CIEGA POINT EAST "ONE" CONDOMINIUM, INC.

229163 - 90043 - 47

Principal Place of Business	Mailing Address
NC. 275 BOCA CIEGA POINT BLVD. ST. PETERSBURG FL 33708	NC. 275 BOCA CIEGA POINT BLVD. ST. PETERSBURG FL 33708

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/12/1968
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1561870 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	VP	☒ Change ☐ Addition
NAME	WILKE, JACK		1.2 NAME	Wilke, Jack	
STREET ADDRESS	1 BOCA CIEGA PT BLVD 307		1.3 STREET ADDRESS	1 Boca Ciega Pt. Blvd. 307	
CITY-ST-ZIP	ST PETERSBURG, FL 00000		1.4 CITY-ST-ZIP	St. Pete., FL	
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MICKELSEN, ROBERT		2.2 NAME		
STREET ADDRESS	275 BOCA CIEGA PT BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 00000 33708		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MARY MORRIS		3.2 NAME		
STREET ADDRESS	275 BOCA CIEGA PT BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 00000		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	KALISH, DORIS		4.2 NAME	Kalish, Doris	
STREET ADDRESS	275 BOCA CIEGA PT BLVD		4.3 STREET ADDRESS	275 Boca Ciega Pt Blvd	
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST-ZIP	St. Petersburg, FL	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: SIGNATURE REQUIRED Feb. 24 1999 # 398-1270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Doris Kalish