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Mar 21 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 # **719676** (9)

1. Corporation Name

EAST BAY OAKS RESIDENTIAL CLUB, INC.

Principal Place of Business

Mailing Address

**601 STARKEY RD
252
LARGO FL 34641
US**

**601 STARKEY RD LOT 252
LARGO FL 33771-2836
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/10/1970		3a. Date of Last Report 04/26/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1784972		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**SCHWEITZER JON
601 STARKEY RD, LOT 252
LARGO FL 34641**

10. Name and Address of New Registered Agent

81 Name	EVANS, DONALD		
82 Street Address (P.O. Box Number is Not Acceptable)	601 STARKEY RD # 93		
83			
84 City	LARGO	85 Zip Code	FL 33771

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 Donald Evans (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWEITZER, JON	1.2 NAME	EVANS, DONALD
STREET ADDRESS	601 STARKEY RD, #252	1.3 STREET ADDRESS	601 STARKEY RD # 93
CITY - ST - ZIP	LARGO, FL 00000	1.4 CITY - ST - ZIP	LARGO, FL 33771
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUDSON, THERESA	2.2 NAME	ATKIN, ARTHUR
STREET ADDRESS	601 STARKEY RD 39	2.3 STREET ADDRESS	601 STARKEY RD #100
CITY - ST - ZIP	LARGO, FL 00000	2.4 CITY - ST - ZIP	LARGO, FL 33771
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURRAY, LAURETTE	3.2 NAME	ANDREWS, JOAN
STREET ADDRESS	601 STARKEY RD., 104	3.3 STREET ADDRESS	601 STARKEY RD #11
CITY - ST - ZIP	LARGO, FL 00000	3.4 CITY - ST - ZIP	LARGO, FL 33771
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JELLINEK, ALTHEA	4.2 NAME	BOWMAN, DOROTHY
STREET ADDRESS	601 STARKEY RD 310	4.3 STREET ADDRESS	601 STARKEY RD #238
CITY - ST - ZIP	LARGO, FL 00000	4.4 CITY - ST - ZIP	LARGO, FL 33771
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	2ND VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, MARGARET	5.2 NAME	POWERS, AMBROSE
STREET ADDRESS	601 STARKEY RD., #108	5.3 STREET ADDRESS	601 STARKEY RD #306
CITY - ST - ZIP	LARGO, FL 00000	5.4 CITY - ST - ZIP	LARGO, FL 33771
TITLE	PD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNIDER, HERBERT	6.2 NAME	
STREET ADDRESS	601 STARKEY RD., #276	6.3 STREET ADDRESS	
CITY - ST - ZIP	LARGO, FL 00000	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: Arthur Atkins DATE: MAR 1, 1997 DAYTIME PHONE: 531-0651

CR2E037 (9/96)