


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

**FILED
Jul 30 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 # 720157 (7)
 1. Corporation Name
BARCLEY ESTATES CONDOMINIUM ONE, INC.

Principal Place of Business 8651 10TH STREET NORTH ST. PETERSBURG FL 33702	Mailing Address 8651 10TH STREET NORTH ST. PETERSBURG FL 33702
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 28 7601 9TH ST. N. SUITE, APT. #, etc. 27 STE. C
22 City & State 23 ST. PETERSBURG, FL	28 City & State 29 33702-5200
24 Zip 25	30 Country

3. Date Incorporated or Qualified 02/01/1971	3a. Date of Last Report 04/24/1996
4. FEI Number 59-1540785	Applied For <input type="checkbox"/> Not Applicable
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
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
**TYLER SHIRLEY A EA
C/O T.A.B.S.
7601 9 ST N S-C
ST PETERSBURG FL 33702**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	VD <input type="checkbox"/> DELETE
NAME	SUZANNE BARRON
STREET ADDRESS	8651 10TH STREET, N #108
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MULHOLLAND, MARY
STREET ADDRESS	8651 10TH ST. N #130
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	SOUTH, EDNA
STREET ADDRESS	8651 10TH ST N #130
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	NED HAYES
STREET ADDRESS	8651 10TH STREET, N. #202
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	POLOCHAK, AGNES
STREET ADDRESS	8651 10 ST N 204
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 _____ SIGNATURE REQUIRED _____
 SHIRLEY A. TYLER
 7/25/97

CF2E037 (4/97)