


FILE NOW: FILING FEE IS \$61.25

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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90017 015 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 720157

1. Corporation Name
BARCLEY ESTATES CONDOMINIUM ONE, INC.

Principal Place of Business 8651 10TH STREET NORTH ST. PETERSBURG FL 33702	Mailing Address 7601 9TH ST N SUITE C ST. PETERSBURG FL 33702-5200 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 02/01/1971	4. FEI Number 59-1540785	Applied For 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	

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 FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: TD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: SUZANNE BARRON		1.2 NAME: POLOCHAK, AGNES	
STREET ADDRESS: 8651 10TH STREET, N #108		1.3 STREET ADDRESS: 8651 10th ST. N. #204	
CITY-ST-ZIP: ST. PETERSBURG FL		1.4 CITY-ST-ZIP: ST. PETERSBURG, FL 33702	
TITLE: D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: REAUME, R		2.2 NAME: SOUTH, EDNA	
STREET ADDRESS: 8651 10TH ST N 128		2.3 STREET ADDRESS: 8651 10th ST. N #130	
CITY-ST-ZIP: ST PETERSBURG FL 33702		2.4 CITY-ST-ZIP: ST. PETERSBURG, FL 33702	
TITLE: SD	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KNIGHT, B		3.2 NAME:	
STREET ADDRESS: 8651 10TH ST N 210		3.3 STREET ADDRESS:	
CITY-ST-ZIP: ST PETERSBURG FL 33702		3.4 CITY-ST-ZIP:	
TITLE: PD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: PRANDY, S		4.2 NAME: GALLUCCIO, GUY	
STREET ADDRESS: 8651 10TH ST N 212		4.3 STREET ADDRESS: 8651 10th ST. N #236	
CITY-ST-ZIP: ST. PETERSBURG FL 33702		4.4 CITY-ST-ZIP: ST. PETERSBURG, FL 33702	
TITLE: VPD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: VURZEL, S		5.2 NAME: LAWSON, WARREN	
STREET ADDRESS: 8651 10TH ST N 112		5.3 STREET ADDRESS: 1200 46th AVE N.	
CITY-ST-ZIP: ST PETERBURG FL 33702		5.4 CITY-ST-ZIP: ST. PETERSBURG, FL 33703	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

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: Katherine Harris SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **727-528-8633** Date _____ Daytime Phone # _____

CR2E037 (11/98)