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May 20 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 # 737611 (4)
1. Corporation Name
THE WEATHERLY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 9445 BLIND PASS ROAD ST. PETERSBURG BEACH FL 33706	Mailing Address 9445 BLIND PASS ROAD ST. PETERSBURG BEACH FL 33706-1318
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3. Date Incorporated or Qualified 12/22/1976	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1723046	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**SMITH, BRIAN K.
10033 9TH STREET N
ST PETERSBURG FL 33716**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PLUNKETT, FRANK	
STREET ADDRESS	9415 BLIND PASS RD	
CITY-ST-ZIP	ST PETE BCH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	COVENEY, TERENCE	
STREET ADDRESS	9415 BLIND PASS ROAD	
CITY-ST-ZIP	ST PETE BCH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DAVIS, WILLIAM	
STREET ADDRESS	9415 BLIND PASS ROAD	
CITY-ST-ZIP	ST. PETERSBURGH BCH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SCARNA, BEATRICE	
STREET ADDRESS	9415 BLIND PASS ROAD	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZEMAN, DONALD	
STREET ADDRESS	9415 BLIND PASS RD	
CITY-ST-ZIP	ST. PETE BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Plunkett, Frank	
1.3 STREET ADDRESS	10033 9th Street North	
1.4 CITY-ST-ZIP	St. Petersburg, Florida	
2.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Coveney, Terence	
2.3 STREET ADDRESS	10033 9th Street North	
2.4 CITY-ST-ZIP	St. Petersburg, Florida	
3.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Davis, William	
3.3 STREET ADDRESS	10033 9th Street North	
3.4 CITY-ST-ZIP	St. Petersburg, Florida	
4.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Scarna, Beatrice	
4.3 STREET ADDRESS	10033 9th Street North	
4.4 CITY-ST-ZIP	St. Petersburg, Florida	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Zeman, Donald	
5.3 STREET ADDRESS	10033 9th Street North	
5.4 CITY-ST-ZIP	St. Petersburg, Florida	
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: *Frank Plunkett* DATE: **APR 23 1997** PHONE: **813-367-5659**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE # 0050247

CR2E037 (9/96)