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FILED

Apr 22 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 745581 (9)

1. Corporation Name

NINE CAMBRIA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

9 CAMBRIA STREET, #2  
CLEARWATER BEACH FL 34630-8830

Mailing Address

9 CAMBRIA STREET, #2  
CLEARWATER BEACH FL 34630-1510

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

2a. Mailing Address

26 165 20th Ave. N.E.

27 City &amp; State

28 Zip

Country

3. Date Incorporated or Qualified  
01/15/19793a. Date of Last Report  
04/12/19964. FEI Number  
59-2954549Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

NELLER, ANN W  
9 CAMBRIA ST #2  
CLEARWATER BEACH FL 34630

10. Name and Address of New Registered Agent

81 Name Thomas L. Sooy  
82 Street Address (P.O. Box Number is Not Acceptable)  
165 20th Ave. N.E.  
83  
84 City St. Petersburg FL 85 Zip Code 33704

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE  
NAME MALKE, ROBERT  
STREET ADDRESS 1408 COURT ST  
CITY-ST-ZIP CLEARWATER FLTITLE P DELETE  
NAME NELLER, ROTH D. DR.  
STREET ADDRESS 9 CAMBRIA ST APT #2  
CITY-ST-ZIP CLEARWATER FLTITLE D DELETE  
NAME FRANK, MIRIAM  
STREET ADDRESS 1771 OAKCREEK DR.  
CITY-ST-ZIP DUNEDIN FLTITLE D DELETE  
NAME FERNANDEZ, JOHN D.  
STREET ADDRESS 216 PALM ISLAND, S.W.  
CITY-ST-ZIP CLEARWATER FLTITLE STD DELETE  
NAME NELLER, ANN  
STREET ADDRESS 9 CAMBRIA ST., #2  
CITY-ST-ZIP CLEARWATER BEACH FLTITLE DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D Change Addition  
1.2 NAME Prescott, Gene  
1.3 STREET ADDRESS 56 Sand Key Sheraton Hotel 1160 Gulf Blvd  
1.4 CITY-ST-ZIP Clearwater, FL 346302.1 TITLE S/T/D Change Addition  
2.2 NAME Sooy, Thomas L.  
2.3 STREET ADDRESS 165 20th Ave. N.E.  
2.4 CITY-ST-ZIP St. Petersburg, FL 337043.1 TITLE Change Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE Change Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE Change Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE Change 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas L. Sooy 4/12/97 (813) 254-6666

Date

Daytime Phone # 0087617

CR2E037 (9/96)