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Apr 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA 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 Mailing Address  
9 CAMBRIA STREET, #2 CLEARWATER BEACH FL 34630-8830  
9 CAMBRIA STREET, #2 CLEARWATER BEACH FL 34630-1510

3. Date Incorporated or Qualified 01/15/1979  
3a. Date of Last Report 04/12/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26 165 20th Ave. N.E.	59-2954549	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28 St. Petersburg, FL	<input type="checkbox"/>	
Zip Country	Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	29 33704		
	30 USA		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NELLER, ANN W 9 CAMBRIA ST #2 CLEARWATER BEACH FL 34630	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: *Thomas L. Sooy* Thomas L. Sooy Sec./Treas./Dir. 4/12/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MALKE, ROBERT		1.2 NAME Prescott, Gene	
STREET ADDRESS 1408 COURT ST		1.3 STREET ADDRESS 96 Sand Key Sheraton Hotel 1160 Gulf Blvd	
CITY-ST-ZIP CLEARWATER FL		1.4 CITY-ST-ZIP Clearwater, FL 34630	
TITLE P	<input type="checkbox"/> DELETE	2.1 TITLE S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME NELLER, ROTH D. DR.		2.2 NAME Sooy, Thomas L.	
STREET ADDRESS 9 CAMBRIA ST APT #2		2.3 STREET ADDRESS 165 20th Ave. N.E.	
CITY-ST-ZIP CLEARWATER FL		2.4 CITY-ST-ZIP St. Petersburg, FL 33704	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRANK, MIRIAM		3.2 NAME	
STREET ADDRESS 1771 OAKCREEK DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP DUNEDIN FL		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FERNANDEZ, JOHN D.		4.2 NAME	
STREET ADDRESS 216 PALM ISLAND, S.W.		4.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL		4.4 CITY-ST-ZIP	
TITLE STD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NELLER, ANN		5.2 NAME	
STREET ADDRESS 9 CAMBRIA ST., #2		5.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER BEACH FL		5.4 CITY-ST-ZIP	
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 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: *Thomas L. Sooy* Thomas L. Sooy 4/12/97 (813) 254-6666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 007617

CR2E037 (9/96)