


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 745581 (9)
 1. Corporation Name
NINE CAMBRIA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 9 CAMBRIA STREET, #2 CLEARWATER BEACH FL 34630-0030	Mailing Address 165 20TH AVE NE ST PETERSBURG FL 33704 US
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3. Date Incorporated or Qualified
01/15/1979

4. FEI Number
59-2954549

Applied For	Not Applicable
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2. Principal Place of Business 21 9 Cambria St Suite, Apt. #, etc. 22 #2 City & State 23 Clearwater Beach FL Zip 24 33767	2a. Mailing Address 26 9 Cambria St Suite, Apt. #, etc. 27 #2 City & State 28 Clearwater Beach FL Zip 29 33767 Country 30 USA
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

b. Name and Address of Current Registered Agent
SOOY, THOMAS L
165 20TH AVE NE
ST PETERSBURG FL 33704

10. Name and Address of New Registered Agent
 81 Name **Ann W Neller**
 82 Street Address (P.O. Box Number is Not Acceptable) **9 Cambria St #2**
 83
 84 City **Clearwater Beach FL** 85 Zip Code **33767**

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 **Ann W. NELLER** *Ann W Neller* **6/10/98**
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 checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALKE, ROBERT	1.2 NAME	MUNCH MIKE
STREET ADDRESS	1408 COURT ST	1.3 STREET ADDRESS	9 Cambria St #2
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater Beach FL 33767-1501
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELLER, ROTH D. DR.	2.2 NAME	
STREET ADDRESS	9 CAMBRIA ST APT #2	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
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 type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESCOTT, GENE	4.2 NAME	
STREET ADDRESS	%SAND KEY SHERATON HTL 1160 GULF BLVD	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	STD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOOY, THOMAS L	6.2 NAME	MINNITI, JEFF
STREET ADDRESS	165 20TH AVE NE	6.3 STREET ADDRESS	510 Spabmore Terrace
CITY-ST-ZIP	ST PETERSBURG FL	6.4 CITY-ST-ZIP	Cinnaminson, N.J. 08077

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.

SIGNATURE: *Ann W Neller* **18 MAY 98 813448-2580**

CR2E037 (10/97)