

FILE NOW: FILING FEE IS \$61.25

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Jun 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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	Mailing Address
9 CAMBRIA STREET, #2 CLEARWATER BEACH FL 34630-0030	165 20TH AVE NE ST PETERSBURG FL 33704 US

2. Principal Place of Business	2a. Mailing Address
21 9 Cambria St	26 9 Cambria St
22 Suite, Apt. #, etc. #2	27 Suite, Apt. #, etc. #2
23 City & State Clearwater Bch FL	28 City & State Clearwater Bch FL
24 Zip 33767	29 Zip 33767
25 Country USA	30 Country USA

3. Date Incorporated or Qualified	01/15/1979
4. FEI Number	59-2954549
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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> 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 Bch 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	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MALKE, ROBERT
STREET ADDRESS	1408 COURT ST
CITY-ST-ZIP	CLEARWATER FL
TITLE	P <input type="checkbox"/> DELETE
NAME	NELLER, ROTH D. DR.
STREET ADDRESS	9 CAMBRIA ST APT #2
CITY-ST-ZIP	CLEARWATER FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FRANK, MIRIAM
STREET ADDRESS	1771 OAKCREEK DR.
CITY-ST-ZIP	DUNEDIN FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PRESCOTT, GENE
STREET ADDRESS	%SAND KEY SHERATON HTL 1160 GULF BLVD
CITY-ST-ZIP	CLEARWATER FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	NELLER, ANN
STREET ADDRESS	9 CAMBRIA ST., #2
CITY-ST-ZIP	CLEARWATER BEACH FL
TITLE	STD <input checked="" type="checkbox"/> DELETE
NAME	SOOY, THOMAS L
STREET ADDRESS	165 20TH AVE NE
CITY-ST-ZIP	ST PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MUNCH MIKE
1.3 STREET ADDRESS	9 Cambria St #2
1.4 CITY-ST-ZIP	Clearwater Bch FL 33767-1501
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MINNITI, JOHN
6.3 STREET ADDRESS	510 Spabmore Terrace
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)