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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 745581

1. Corporation Name
NINE CAMBRIA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 9 CAMBRIA ST #2 CLEARWATER BEACH FL 33767 US	Mailing Address 9 CAMBRIA ST #2 CLEARWATER BEACH FL 33767 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/15/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2954549
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

NELLER, ANN W.
9 CAMBRIA ST
#2
CLEARWATER BEACH FL 33767

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MUNCH, MIKE	
STREET ADDRESS	9 CAMBRIA ST #2	
CITY-ST-ZIP	CLEARWATER BEACH FL 33767	
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 type="checkbox"/> DELETE
NAME	MINNITI, JOHN	
STREET ADDRESS	510 SYCAMORE TERRACE	
CITY-ST-ZIP	CINNAMINSON NJ 08077	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MUNCH, MIKE	
1.3 STREET ADDRESS	9 CAMBRIA #6	
1.4 CITY-ST-ZIP	CLEARWATER Bch 33767-1510	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: *Ann Neller* **SIGNATURE REQUIRED NELLER** 09/01/99 727 4432580
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)