


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 753976 (0)**  
1. Corporation Name  
**SURFSIDE OF PINELLAS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>11 IDLEWILD ST 11 IDLEWILD ST. CLEARWATER FL 34630 US</b>	Mailing Address <b>P.O. BOX 3614 P O BOX 3007 CLEARWATER FL 34630 US</b>
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3. Date Incorporated or Qualified <b>08/27/1980</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-2783100</b>	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 <b>33767</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROWE, ROBERT B.  
880 MANDALAY AVENUE 804C  
40 DEVON DR.  
CLEARWATER FL 34630**

81 Name <b>ROBERT B. ROWE</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>11 IDLEWILD ST #403</b>
83
84 City <b>CLEARWATER</b>
85 Zip Code <b>FL 33767</b>

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 **ROBERT B. ROWE** (Signature, typed or printed name of registered agent and title if applicable) (NOT Registered Agent signature required when reinstating) DATE **4-10-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
STREET ADDRESS	STREET ADDRESS	13 STREET ADDRESS	14 CITY - ST - ZIP
CITY - ST - ZIP	CITY - ST - ZIP	21 TITLE	22 NAME
		23 STREET ADDRESS	24 CITY - ST - ZIP
		31 TITLE	32 NAME
		33 STREET ADDRESS	34 CITY - ST - ZIP
		41 TITLE	42 NAME
		43 STREET ADDRESS	44 CITY - ST - ZIP
		51 TITLE	52 NAME
		53 STREET ADDRESS	54 CITY - ST - ZIP
		61 TITLE	62 NAME
		63 STREET ADDRESS	64 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.

SIGNATURE: **ROBERT B. ROWE** / Resident 4-10-98 - 813-461-123

CR2E037 (10/97)