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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 # 757890

1. Corporation Name

MONTEREY BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

8226 W GULF BLVD
 TREASURE ISLAND FL 33706
 US

Mailing Address

1671 LAKEWOOD DRIVE SOUTH
 ST. PETERSBURG FL 33712-4924



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

05/06/1981

4. FEI Number
 59-2205392

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

HORTON, CAROLYN R.
 1671 LAKEWOOD DRIVE SOUTH
 ST. PETERSBURG FL 33712-4924

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 ☐ DELETE
 NAME D HOLDER, HAROLD
 STREET ADDRESS 500 N WESTSHORE BLVD S610
 CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE
 NAME DTS
 STREET ADDRESS HORTON, J.LLOYD & CAROLYN
 CITY-ST-ZIP 1671 LAKEWOOD DR. SO.
 ST. PETERSBURG FL

TITLE ☐ DELETE
 NAME D
 STREET ADDRESS WEISER, HAROLD H
 CITY-ST-ZIP SURFWINDS MOTEL, #11, 10095 GULF BLVD.
 TREASURE ISLAND FL

TITLE ☐ DELETE
 NAME PD
 STREET ADDRESS ALTENHOFF, JUDY M
 CITY-ST-ZIP 8226 W GULF BLVD S4
 TREASURE ISLAND FL

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
 1.2 NAME D
 1.3 STREET ADDRESS Harold, Jr and Jo Holder
 1.4 CITY-ST-ZIP 8927 Eagle Watch Dr.
 Riverview FL 33569

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
 3.2 NAME D
 3.3 STREET ADDRESS Edward E. Gunning, Jr.
 3.4 CITY-ST-ZIP 2923 Hawthorne Rd
 Tampa FL 33611

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Carolyn R Horton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 20, 1999 727/866-2710
 Date Daytime Phone #

CR2E037 (1/98)