

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 18 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 762008 (1)

1. Corporation Name
SOUTHERN BELLE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 513 EAST MARION AVE. PUNTA GORDA FL 33950	Mailing Address 513 EAST MARION AVE. PUNTA GORDA FL 33950-3869
---	--

3. Date Incorporated or Qualified 02/17/1982	3a. Date of Last Report 10/24/1996
4. FEI Number 59-2389385	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. 265 TAMiami TRAIL
22. City & State	27. City & State
23. Zip Country	28. PUNTA GORDA FL
24. Zip Country	29. 33952 30. USA

9. Name and Address of Current Registered Agent

**DRESS, LANING
513 E. MARION AVENUE
PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRESS, LANING	1.2 NAME
STREET ADDRESS	513 E. MARION AVE.	1.3 STREET ADDRESS
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, LORRAINE	2.2 NAME
STREET ADDRESS	457 BALHARBOR BLVD	2.3 STREET ADDRESS
CITY-ST-ZIP	PUNTA GORDA FL	2.4 CITY-ST-ZIP
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURAND, RAY	3.2 NAME
STREET ADDRESS	513 E. MARION AVE.	3.3 STREET ADDRESS
CITY-ST-ZIP	PUNTA GORDA FL	3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I do 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.

CR2E037 (9/96)