


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 265 TAMiami TRAIL PUNTA GORDA FL 33950 US
---	---

3. Date Incorporated or Qualified 02/17/1982	
4. FEI Number 59-2389385	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 Joan F. Greene	
82 Street Address (P.O. Box Number is Not Acceptable) 265 TAMiami TRAIL	
83	
84 City PUNTA GORDA	85 Zip Code FL 33950

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: *Joan F. Greene* **3-4-98**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE TD	DRESS, LANING <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	513 E. MARION AVE.	1.2 NAME
STREET ADDRESS	PUNTA GORDA FL	1.3 STREET ADDRESS
CITY-ST-ZIP		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 checked="" type="checkbox"/> Addition
NAME		4.2 NAME VPD John Gourley
STREET ADDRESS		4.3 STREET ADDRESS 513 E. marion Ave #1
CITY-ST-ZIP		4.4 CITY-ST-ZIP PUNTA GORDA FL 33950
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 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: *Raymond Durand* **3/9/98** **941-639-0753**

CF2E037 (10/97)