


FILE NOW: FILING FEE IS \$61.25

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Apr 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N01551** (3)

1. Corporation Name

**MOBILE PINELLAS TENANTS ASSOCIATION, INC.**

Principal Place of Business	Mailing Address
5701 HAINES RD N LOT 718 ST. PETERSBURG FL 33714-1975 US	5701 HAINES RD LOT 718 ST. PETERSBURG FL 33714-1975 US

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

3. Date Incorporated or Qualified	4. FEI Number	Applied For
02/21/1984	59-2481018	<input checked="" type="checkbox"/> 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	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**HOUGH, MARGARET**  
5701 HAINES RD.  
LOT 422  
ST. PETERSBURG FL 33714

10. Name and Address of New Registered Agent

81 Name	Hough, Margaret		
82 Street Address (P.O. Box Number is Not Acceptable)	5701 Haines Rd.-N		
83	Lot #422		
84 City	St. Petersburg	FL	85 Zip Code 33714

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	DP	<input checked="" type="checkbox"/> DELETE
NAME	LONDON JR, CHARLES	
STREET ADDRESS	5701 HAINES RD N #718	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	CHURCHILL, JEAN	
STREET ADDRESS	5701 HAINES RD N #325	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	O'CONNELL, JOSEPHINE	
STREET ADDRESS	5701 HAINES RD N 216	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KRUEGER, ALBERT	
STREET ADDRESS	5701 HAINES RD LOT 517	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	HOUGH, MARGARET	
STREET ADDRESS	5701 N HAINES RD #422	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCDANIEL, GLENNA	
STREET ADDRESS	5701 HAINES RD N 503	
CITY-ST-ZIP	ST PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	McDaniel, Glenna	
1.3 STREET ADDRESS	5701 Haines Rd.N #503	
1.4 CITY-ST-ZIP	St Petersburg FL 33714-1982	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Thompson, George	
2.3 STREET ADDRESS	5701 Haines Rd.N #514	
2.4 CITY-ST-ZIP	St Petersburg FL 33714-1982	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Stafford, Kathleen	
3.3 STREET ADDRESS	5701 Haines Rd.N #704	
3.4 CITY-ST-ZIP	St Petersburg FL 33714-1982	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Krueger, Albert	
4.3 STREET ADDRESS	5701 Haines Rd.N #517	
4.4 CITY-ST-ZIP	St Petersburg FL 33714-1982	
5.1 TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Hough, Margaret	
5.3 STREET ADDRESS	5701 Haines Rd.N #422	
5.4 CITY-ST-ZIP	St Petersburg FL 33714-1982	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Shoup, Harry	
6.3 STREET ADDRESS	5701 Haines Rd.N #508	
6.4 CITY-ST-ZIP	St Petersburg FL 33714-1982	

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: Kathleen A. Stafford, Secretary

4/6/98

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