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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N01551					
1. Corporation Name MOBILE PINELLAS TENANTS ASSOCIATION, INC.					
Principal Place of Business 5701 HAINES RD N LOT 718 ST. PETERSBURG FL 33714-1975 US			Mailing Address 5701 HAINES RD LOT 718 ST. PETERSBURG FL 33714-1975 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/21/1984 4. FEI Number NOT APPLICABLE Applied For <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	
9. Name and Address of Current Registered Agent HOUGH, MARGARET 5701 HAINES RD N LOT 422 ST PETERSBURG FL 33714			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input checked="" type="checkbox"/> DELETE NAME DP MCDANEL, GLENA STREET ADDRESS 5701 HAINES RD N #718 CITY-ST-ZIP ST PETERSBURG FL			1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME DP LINDA CHERRY 1.3 STREET ADDRESS 5701 HAINES RD, N #221 1.4 CITY-ST-ZIP ST. PETERSBURG, FL		
TITLE <input type="checkbox"/> DELETE NAME DV THOMPSON, GEORGE STREET ADDRESS 5701 HAINES RD N #325 CITY-ST-ZIP ST PETERSBURG FL			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME DS STAFFORD, KATHLEEN STREET ADDRESS 5701 HAINES RD N 704 CITY-ST-ZIP ST PETERSBURG FL			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME TD KRUEGER, ALBERT STREET ADDRESS 5701 HAINES RD LOT 517 CITY-ST-ZIP ST. PETERSBURG FL			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME DC HOUGH, MARGARET STREET ADDRESS 5701 N HAINES RD #422 CITY-ST-ZIP ST. PETERSBURG FL			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME D SHOUP, HARRY STREET ADDRESS 5701 HAINES RD N 508 CITY-ST-ZIP ST PETERSBURG FL 33714-1982			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: *Katherine Harris* **SIGNATURE REQUIRED** **KATHLEEN STAFFORD, Sec.** (727) 525-2214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kathleen Stafford, Secretary

March 28, 1999
Date Daytime Phone #

CR2E037 (11/98)