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Apr 15 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 # N03073 (6)

1. Corporation Name
ADALIA BAYFRONT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2 ADALIA AVE TAMPA FL 33606 US	2 ADALIA AVE TAMPA FL 33606-3337 US

3. Date Incorporated or Qualified: 05/14/1984
3a. Date of Last Report: 04/22/1996

2. Principal Place of Business
21: 2 ADALIA AVE
Suite, Apt. #, etc. 22:
City & State 23: TAMPA, FL
Zip 24: 33606 Country 25: USA

2a. Mailing Address
26: 2 ADALIA AVE
Suite, Apt. #, etc. 27:
City & State 28: TAMPA, FL
Zip 29: 33606 Country 30: USA

4. FEI Number: 59-2635855 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~GEORGE, MARJORIE L.~~
~~2 ADALIA AVE #1005~~
~~STE 2T~~
~~TAMPA FL 33606~~

10. Name and Address of New Registered Agent

81 Name: CAROL OVERBY
82 Street Address (P.O. Box Number is Not Acceptable): 2 ADALIA AVE
83:
84 City: TAMPA FL 85 Zip Code: 33606

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: Carol Overby CAROL OVERBY 4/8/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	DP	XX Change ☐ Addition
NAME	CAMPFIELD, JAMES R.		1.2 NAME	JEFFREY REIDER	
STREET ADDRESS	2 ADALIA AVE		1.3 STREET ADDRESS	2 ADALIA AVE	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	DS	☐ DELETE	2.1 TITLE	DS	XX Change ☐ Addition
NAME	WEIR, DAVID		2.2 NAME	BARRY HANNERFELD	
STREET ADDRESS	2 ADALIA AVE		2.3 STREET ADDRESS	2 ADALIA AVE	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	DT	☐ DELETE	3.1 TITLE	DT	XX Change ☐ Addition
NAME	GEORGE, MARJORIE		3.2 NAME	CAROL OVERBY	
STREET ADDRESS	2 ADALIA AVE		3.3 STREET ADDRESS	2 ADALIA AVE	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	TAMPA, FL 33606	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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.