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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03073

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 US

2. Principal Place of Business (21)	2a. Mailing Address (26)	3. Date Incorporated or Qualifed: 05/14/1984
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	4. FEI Number: 59-2635855 ☐ Applied For ☐ Not Applicable
City & State (23)	City & State (28)	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip (24) Country (25)	Zip (29) Country (30)	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MEZER, STEVEN H
1212 COURT STREET
SUITE B
CLEARWATER FL 34616

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	HANNERFELD, BARRY		1.2 NAME	McLeroy, Kathleen	
STREET ADDRESS	2 ADALIA AVE UNIT 804		1.3 STREET ADDRESS	10033 9th St.N. - 2nd Floor	
CITY-ST-ZIP	TAMPA FL 33606		1.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805	
TITLE	DS	☒ DELETE	2.1 TITLE	DS	☒ Change ☐ Addition
NAME	REIDER, JEFFREY		2.2 NAME	Gerlach, Phillip	
STREET ADDRESS	2 ADALIA AVE UNIT 1007		2.3 STREET ADDRESS	10033 9th ST. N. - 2nd Floor	
CITY-ST-ZIP	TAMPA FL 33606		2.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805	
TITLE	DT	☐ DELETE	3.1 TITLE	DT	☒ Change ☐ Addition
NAME	CARSON, STEVE		3.2 NAME	Carson, Steve	
STREET ADDRESS	2 ADALIA AVE UNIT 707		3.3 STREET ADDRESS	10033 9th ST. N. - 2nd Floor	
CITY-ST-ZIP	TAMPA FL 3360		3.4. CITY-ST-ZIP	St. Petersburg, FL 33716-3805	
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 (11/98)

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: SIGNATURE REQUIRED President 2-10-99 (813) 254-4334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #