

FILE NOW: FILING FEE IS \$61.25

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Mar 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N35367** (4)
1. Corporation Name
WESTSHORE SERTOMA CLUB, INC.



Principal Place of Business C/O JEAN JOYCE 4522 SWANN AVE TAMPA FL 33609 US	Mailing Address C/O JEAN JOYCE 4522 SWANN AVE TAMPA FL 33609 US
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3. Date Incorporated or Qualified 11/27/1989
4. FEI Number 59-6213278
Applied For <input 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 type="checkbox"/> Yes <input checked="" 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

2. Principal Place of Business 21 c/o Cicotelli Suite, Apt. #, etc. 22 715 Sandy Hook Ln City & State 23 Palm Harbor, FL Zip 24 34683 Country 25 USA	2a. Mailing Address 26 c/o Cicotelli Suite, Apt. #, etc. 27 715 Sandy Hook Ln City & State 28 Palm Harbor, FL Zip 29 34683 Country 30 USA
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9. Name and Address of Current Registered Agent YADO, JESS J., III 4830 W. KENNEDY BLVD. SUITE 750, ONE URBAN CENTRE TAMPA FL 33609	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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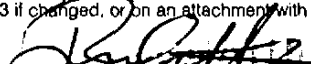
10. Name and Address of New Registered Agent
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE CPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CICOTELLI, BRUNO		1.2 NAME	
STREET ADDRESS 234 15TH ST. N		1.3 STREET ADDRESS 715 Sandy Hook Ln	
CITY-ST-ZIP ST. PETERSBURG FL		1.4 CITY-ST-ZIP Palm Harbor, FL 34683	
TITLE DP	<input type="checkbox"/> DELETE	2.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOYCE, JEAN		2.2 NAME	
STREET ADDRESS 4522 SWANN AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		2.4 CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME YADO, JESS III		3.2 NAME Moorehead, Harry	
STREET ADDRESS ONE URBAN CENTER, STE 750		3.3 STREET ADDRESS 4707 Leona St.	
CITY-ST-ZIP TAMPA FL		3.4 CITY-ST-ZIP Tampa, FL, 33609	
TITLE TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HOGGE, FRAN		4.2 NAME Brinen, Phil	
STREET ADDRESS 1307 PINE LAKE DRIVE		4.3 STREET ADDRESS 4706 Melrose Ave	
CITY-ST-ZIP TAMPA FL		4.4 CITY-ST-ZIP Tampa, FL 33609	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GADARIAN DR VAHAK		5.2 NAME Cullaro, John	
STREET ADDRESS 1211 N WESTSHORE BLVD, STE 105		5.3 STREET ADDRESS 1836 Henley Rd	
CITY-ST-ZIP TAMPA FL		5.4 CITY-ST-ZIP Lutz, FL 33549	
TITLE CD	<input type="checkbox"/> DELETE	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GIUNTA, SAM		6.2 NAME	
STREET ADDRESS 3302 AZEELE ST		6.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		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:  Bruno Cicotelli 1/28/98 (813) 535-0919

CP2E037 (10997)