

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N48527** (8)
1. Corporation Name
THE NEST CONDOMINIUM ASSOCIATION, INC.

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| Principal Place of Business 1875 PARLIAMENT WAY CLEARWATER FL 34624 | Mailing Address 1875 PARLIAMENT WAY CLEARWATER FL 34624 |
|---|---|

3. Date Incorporated or Qualified
04/20/1992

| | | |
|--|---|--|
| 4. FEI Number NOT APPLICABLE | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
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| 2. Principal Place of Business 21 520 Beach Trail Suite, Apt. #, etc. 22 City & State 23 Indian Rocks Beach, FL Zip 24 33 Country 25 USA | 2a. Mailing Address 26 1860 Oak Park Dr. W. Suite, Apt. #, etc. 27 City & State 28 Clearwater, FL Zip 29 33764 Country 30 USA |
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|---|---------------------------------------|
| 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 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 type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent WINTERHALTER, PAUL B 1880 OAK PARK DRIVE N CLEARWATER FL 34624 33764 | 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 |
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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 | VD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WINTERHALTER, DAVID P | 1.2 NAME | |
| STREET ADDRESS | 747 CHESAPEAKE DRIVE | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | TARPON SPRINGS FL | 1.4 CITY - ST - ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WINTERHALTER, PAUL B | 2.2 NAME | |
| STREET ADDRESS | 1880 OAK PARK DRIVE N | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | CLEARWATER FL | 2.4 CITY - ST - ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEST, CARRA S | 3.2 NAME | |
| STREET ADDRESS | 1100 GULF BLVD | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | BELLEAIR SHORES FL | 3.4 CITY - ST - ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHRISTIANO, EDWARD J | 4.2 NAME | |
| STREET ADDRESS | 1875 PARLIAMENT WAY | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | CLEARWATER FL | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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: **Paul B. Winterhalter** 4/19/98 813/531-3836

CR2E037 (10/97)