

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

APPROVED
AND
FILED

1996 SEP -3 PH 12: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49125 (0)
 1. Corporation Name
 701 MIRROR LAKE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 701 MIRROR LAKE DRIVE ST. PETERSBURG FL 33701
 C/O CHRISTIE S. JONES P.O. BOX 709 LARGO FL 34649

3. Date Incorporated or Qualified 05/29/1992 3a. Date of Last Report 01/30/1995
 4. FEI Number NOT APPLICABLE 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

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
 JONES, CHRISTIE S
 1819 NEEDLES LANE
 LARGO FL 34649

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)

no change in agent.

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MARSH, DANIEL III	
STREET ADDRESS	41 E. 42ND ST., #1500	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LOVELAND, SALLY	
STREET ADDRESS	41 E. 42ND ST., #1500	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GIBBONS, KATHRYN - Director	
STREET ADDRESS	211 E. 4TH STREET	
CITY-ST-ZIP	COVINGTON KY 41011	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DAVENPORT, ROBERT W	
STREET ADDRESS	41 E. 42ND ST. #1500	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mary Jo Ruccio Director	
1.3 STREET ADDRESS	211 E. 4th St.	
1.4 CITY-ST-ZIP	Covington, KY 41011	
2. TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Barbara Brown Director	
2.3 STREET ADDRESS	#214 701 Mirror Lake Dr.	
2.4 CITY-ST-ZIP	St. Petersburg, FL 33701	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 -09/12/96 --01/30/97
 *****61.25 *****61.25

TSR a/11/96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Kathryn S. Gibbons 6/18/96 (606) 291-0220
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)