

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 21 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 #** N49125  
 1. Corporation Name  
 701 Mirror Lake Condominium Association, Inc

Principal Place of Business Mailing Address  
 701 Mirror Lake Drive c/o Rampart Properties  
 St. Petersburg, FL 33704 10033 9th Street North  
 St. Petersburg, FL 337

|                                |  |                        |  |                                                                                                                                                  |  |                                |  |
|--------------------------------|--|------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 4. FEI Number<br>59-3346222                                                                                                                      |  | 3a. Date of Last Report        |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 5. Certificate of Status Desired <input type="checkbox"/>                                                                                        |  | \$8.75 Additional Fee Required |  |
| 22 City & State                |  | 27 City & State        |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                  |  | \$5.00 May Be Added to Fees    |  |
| 23 Zip                         |  | 28 Zip                 |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                |  |
| 24 Country                     |  | 29 Country             |  | 30                                                                                                                                               |  |                                |  |

|                                                                                   |  |  |  |                                                       |  |  |  |
|-----------------------------------------------------------------------------------|--|--|--|-------------------------------------------------------|--|--|--|
| 9. Name and Address of Current Registered Agent                                   |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| Ronald F. Sinclair<br>701 Mirror Lake Drive #108<br>St. Petersburg, Florida 33701 |  |  |  | 81 Name                                               |  |  |  |
|                                                                                   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|                                                                                   |  |  |  | 83                                                    |  |  |  |
|                                                                                   |  |  |  | 84 City                                               |  |  |  |
|                                                                                   |  |  |  | 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: Ronald F. Sinclair (NOTE: Registered Agent's signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PD <input type="checkbox"/> DELETE  | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Ronald Sinclair                     | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 10033 9th Street North              | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | St. Petersburg, Florida             | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | V/D <input type="checkbox"/> DELETE | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Dennis Suarez                       | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 10033 9th Street North              | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | St. Petersburg, Florida             | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | S/D <input type="checkbox"/> DELETE | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Tim Davis                           | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 10033 9th Street North              | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | St. Petersburg, Florida             | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | T/D <input type="checkbox"/> DELETE | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Evelyn Wright                       | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 10033 9th Street North              | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | St. Petersburg, Florida             | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | D <input type="checkbox"/> DELETE   | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Judy Logan                          | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 10033 9th Street North              | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | St. Petersburg, Florida             | 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                                              | 000002201990                                                      |
| STREET ADDRESS             |                                     | 6.3 STREET ADDRESS                                    | -06/04/97--01103--005 CS                                          |
| CITY-ST-ZIP                |                                     | 6.4 CITY-ST-ZIP                                       | ***61.25 5/21/97                                                  |

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.

SIGNATURE: Ronald Sinclair (813) 895-8996  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)