


FILE NOW: FILING FEE IS \$61.25

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**Apr 15 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 # N49125 (0)
1. Corporation Name
701 MIRROR LAKE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 701 MIRROR LAKE DRIVE ST. PETERSBURG FL 33701	Mailing Address RAMPART PROPERTIES 10033 9TH STREET NORTH ST PETERSBURG FL 33716
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3. Date Incorporated or Qualified 05/29/1992	
4. FEI Number NOT APPLICABLE	Applied For 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 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	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**SINCLAIR, RONALD F
701 MIRROR LAKE DRIVE #108
ST. PETERSBURG FL 33701**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SINCLAIR, RONALD	
STREET ADDRESS	10033 9TH STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SUAREZ, DENNIS	
STREET ADDRESS	10033 9TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, TIM	
STREET ADDRESS	10033 9TH STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WRIGHT, EVELYN	
STREET ADDRESS	10033 9TH STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOGAN, JUDY	
STREET ADDRESS	1033 9TH STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	10033 Ninth St. N. 2nd Fl.
1.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	10033 Ninth St. N. 2nd Fl.
2.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	so Cathy Romano
3.3 STREET ADDRESS	10033 Ninth St. N. 2nd Fl.
3.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	10033 Ninth St. N. 2nd Fl.
4.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	10033 Ninth St. N. 2nd Fl.
5.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	10033 Ninth St. N. 2nd Fl.
6.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805

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: Ronald F Sinclair 4/1/98 577-2200
DATE: _____ DAYTIME PHONE # 0052064

CR2E037 (10/97)