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NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
98 FEB -4 PM 12:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N96000001987 (4)

1. Corporation Name
KEL-BREN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
492 41ST AVE N ST PETERSBURG FL 33706	P O BOX 13576 ST PETERSBURG FL 33733-3576

3. Date Incorporated or Qualified: 04/12/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 1800 Pass-A-Grille Way
Suite, Apt. #, etc.
22: Apt #1
City & State
23: St Pete Beach Fl
Zip 24: 33706 Country 25: USA

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: [X] 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

9. Name and Address of Current Registered Agent

BACON, DAVID A
2959 1ST AVE N
ST PETERSBURG FL 33733

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 [signature] Jan 19, 1998
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, CASEY 492 41ST AVE N ST PETERSBURG FL 33706	[ ] DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	[X] Change [ ] Addition 9997 Point View Dr Bainbridge Island, Wa 98110
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, NANCY 492 41ST AVE N ST PETERSBURG FL 33706	[ ] DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	[X] Change [ ] Addition 9997 Point View Dr Bainbridge Island Wa 98110
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BACON, DAVID A 2959 FIRST AVE N ST PETERSBURG FL 33713	[ ] DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	[ ] Change [ ] Addition 900001242249--8 -02/06/98--01127--001 ****297.50 ****297.50
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	[ ] Change [ ] Addition REINSTATEMENT 97-98
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	[ ] Change [ ] Addition SL 2-5-98
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	[ ] Change [ ] Addition

CR2E037 (9/96)

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: [signature] Casey Johnson 1/19/98 (206)