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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # N96000001987

1. Corporation Name

KEL-BREN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1800 PASS-A-GRILLE WAY APT #1 ST PETE BEACH FL 33706	~~P O BOX 13978~~ ~~ST PETERSBURG FL 33706~~ CHANGE TO 1800 PASS-A-Grille Wy #1 St Pete Bch, Fl 33706

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/12/1996
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
24 Zip / 25 Country	29 Zip / 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BACON, DAVID A 2959 1ST AVE N ST PETERSBURG FL 33733	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 617.0505, Florida Statutes.

SIGNATURE: DAVID BACON — (NOTE: Registered Agent signature required when reinstating) — DATE: Sept 3 '99

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	President - Director	☐ Change ☒ Addition
NAME	JOHNSON, CASEY		1.2 NAME	Kent Ross	
STREET ADDRESS	9997 POINT VIEW DR		1.3 STREET ADDRESS	1800 PASS-A-Grille Wy #1	
CITY-ST-ZIP	BAINBRIDGE ISLAND WA 98110		1.4 CITY-ST-ZIP	St Pete Bch FL 33706	
TITLE	D	☒ DELETE	2.1 TITLE	Barbara Callicotte	☐ Change ☒ Addition
NAME	JOHNSON, NANCY		2.2 NAME	Sec'y - Treasurer Director	
STREET ADDRESS	9997 POINT VIEW DR		2.3 STREET ADDRESS	1800 PASS-A-Grille Wy #1	
CITY-ST-ZIP	BAINBRIDGE ISLAND WA 98110		2.4 CITY-ST-ZIP	St Pete Bch Fl. 33706	
TITLE	D	☒ DELETE	3.1 TITLE	Lewis Cambs	☐ Change ☒ Addition
NAME	BACON, DAVID A		3.2 NAME	1800 PASS-A-Grille Wy #5	
STREET ADDRESS	2959 FIRST AVE N		3.3 STREET ADDRESS	V. Pres) ~~Director~~	
CITY-ST-ZIP	ST PETERSBURG FL 33713		3.4 CITY-ST-ZIP	St. Pete Bch Fl. 33706	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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, with all other like empowered.

SIGNATURE: Barbara J Callicotte — Barbara J Callicotte — Sept 2 '99 — 727 363 3174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/96)