

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 734377 (5)
1. Corporation Name
THE FRIENDLY NATIVE BEACH RESORT CONDOMINIUM, INC.



Principal Place of Business 6700 SUNSET WAY ST PETERSBURG BEACH FL 33706-2053	Mailing Address 6700 SUNSET WAY ST PETERSBURG BEACH FL 33706-2038
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/19/1975	3a. Date of Last Report 03/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1656341	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHAW, MARLENE S 6800 SUNSET WAY ST. PETERSBURG BEACH FL 33706	81 Name J. Kenneth Hurley
	82 Street Address (P.O. Box Number is Not Acceptable)
	83 6700 Sunset Way
	84 City St. Petersburg Beach FL
	85 Zip Code 33706

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 *J. Kenneth Hurley* **J. Kenneth Hurley** **March 10, 1997**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent 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	VICKERS, LARRY	1.2 NAME	
STREET ADDRESS	640 VALLEY FORCE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	COOKEVILLE TN	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAAB, RICHARD	2.2 NAME	
STREET ADDRESS	2263 WEST LIBERTY	2.3 STREET ADDRESS	
CITY-ST-ZIP	ANN ARBOR MI	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALMERIC, MARJORIE	3.2 NAME	
STREET ADDRESS	807 W INDIANA AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, DULCE MARIA V	4.2 NAME	
STREET ADDRESS	4808 DARBY AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWENSON, GLENN	5.2 NAME	
STREET ADDRESS	3521-6TH AVE.,N.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST.PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ A G	6.2 NAME	
STREET ADDRESS	908 W VIRGINIA AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	

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]* **3/12/97**

CR2E037 (9/96)