· FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 704023 (1)

1. Corporation Name
SOUTH MANASOTA KEY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1285 HOLDAY DR. ENGLEWOOD FL 34223	1285 HOLDAY DR. ENGLEWOOD FL 34223

3. Date Incorporated or Qualified: 05/11/1962
3a. Date of Last Report: 02/28/1995

2. Principal Place of Business
21: 3075 BAY OAKS CIRCLE
22 Suite, Apt. #, etc.: —
23 City & State: ENGLEWOOD, FL
24 Zip: 34223
25 Country: USA

2a. Mailing Address
26: 3075 BAY OAKS CIRCLE
27 Suite, Apt. #, etc.: —
28 City & State: ENGLEWOOD, FL
29 Zip: 34223
30 Country: USA

4. FEI Number: 65-0122140 ☐ 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

WOELFFER, MARCIA
1285 HOLIDAY DR.
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

81 Name: BARRY DASHER
82 Street Address (P.O. Box Number is Not Acceptable): 3075 BAY OAKS CIRCLE
83
84 City: ENGLEWOOD FL 85 Zip Code: 34223

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: Barry L Dasher TREASURER 2/7/96
Signature, typed or printed name of registered agent and title 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	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	WOELFFER, MIKE		1.2 NAME	FRANK HAMBLETON	
STREET ADDRESS	1285 HOLIDAY DR		1.3 STREET ADDRESS	155 SAND DOLLAR LA	
CITY-ST-ZIP	ENGLEWOOD FL		1.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DASHER, BARRY		2.2 NAME		
STREET ADDRESS	3075 BAY OAKS CIR		2.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	GILBERT, RON		3.2 NAME	ROSLYN GIORDANO	
STREET ADDRESS	25 FRIENDSHIP LANE		3.3 STREET ADDRESS	105 SABAL COURT	
CITY-ST-ZIP	ENGLEWOOD FL		3.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	D	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	LOVEMAN, LYNN		4.2 NAME	BUD PENNINGROTH	
STREET ADDRESS	1295 SHOREVIEW DR		4.3 STREET ADDRESS	1701 BEACH RD	
CITY-ST-ZIP	ENGLEWOOD FL		4.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	VP	☒ DELETE	5.1 TITLE	VP	☒ Change ☐ Addition
NAME	PEASE, DONALD		5.2 NAME	LAURIE SCHNAUFER	
STREET ADDRESS	307 CIELO		5.3 STREET ADDRESS	1300 SHOREVIEW DR	
CITY-ST-ZIP	ENGLEWOOD FL		5.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FOWL, WILLIAM		6.2 NAME		
STREET ADDRESS	2995 N BEACH RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Barry L Dasher BARRY L DASHER 2/7/96 941-474-3441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #