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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1998**

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 |
|---|---|
| 3075 BAY OAKS CIRCLE<br>ENGLEWOOD FL 34223<br>US | 3075 BAY OAKS CIRCLE<br>ENGLEWOOD FL 34223<br>US |

3. Date Incorporated or Qualified: 05/11/1962

4. FEI Number: 65-0122140 ☐ Applied For ☐ Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 77 SUNRISE DRIVE | 26 77 SUNRISE DR |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State: Englewood FL. | 28 City & State: Englewood FL. |
| 24 Zip: 34223 25 Country: Charlotte | 29 Zip: 34223 30 Country: Charlotte |

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| DASHER, BARRY<br>3075 BAY OAKS CIRCLE<br>ENGLEWOOD FL 34223 | 81 Name: John S. McLaughlin<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83 77 SUNRISE DRIVE<br>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: John S. McLaughlin Treasurer
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>HAMBLETON, FRANK<br>155 SAND DOLLAR LANE<br>ENGLEWOOD FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | D Mike Woelfer<br>1285 Holiday Dr<br>Englewood FL 34223 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>DASHER, BARRY Change to Director<br>3075 BAY OAKS CIR<br>ENGLEWOOD FL | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | TD<br>John S. McLaughlin<br>77 SUNRISE DRIVE<br>Englewood FL 34223 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>MCLAUGLIN, BEVERLY<br>77 SUNRISE DRIVE<br>ENGLEWOOD FL | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | D<br>Robert Liebold<br>3070 BAY OAKS Circle<br>Englewood FL 34223 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PENNINGROTH, BUD<br>1701 BEACH ROAD<br>ENGLEWOOD FL | ☒ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | D<br>John Baughman<br>1145 Little Court<br>Englewood FL 34223 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>OSBORNE, JOSEPH<br>55 MEREDITH LANE<br>ENGLEWOOD FL | ☒ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | VP<br>Stanley Parker<br>2418 N Beach Rd<br>Englewood Fl 34223 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GRABBER, EARNEST<br>185 MEREDITH DRIVE<br>ENGLEWOOD FL | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | D<br>Robert Barley<br>1245 Gulf Blvd<br>Englewood FL 34223 | ☐ Change ☐ Addition |

CR2E037 (10/97)

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:** John S. McLaughlin John S. McLaughlin 2/11/98 941 475-8575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #