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 # **719508** **(4)**

1. Corporation Name

SARASOTA SURF & RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5900 MIDNIGHT PASS ROAD SARASOTA FL 34242	5900 MIDNIGHT PASS ROAD SARASOTA FL 34242

3. Date Incorporated or Qualified: **10/15/1970**
3a. Date of Last Report: **01/30/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-1368786** ☐ 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

DAHLGREN, WARD E
1750 RINGLING BLVD.
SARASOTA FL 34236

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE	VP-D	☒ Change ☐ Addition
NAME	SCHMITZ, ALLYN		12 NAME	Schmitz, Allyn	
STREET ADDRESS	5900 MIDNIGHT PASS ROAD		13 STREET ADDRESS	5900 Midnight Pass Rd.	
CITY-ST-ZIP	SARASOTA FL		14 CITY-ST-ZIP	Sarasota, FL.	
TITLE	D	☒ DELETE	21 TITLE	Secretary-Dir.	☐ Change ☒ Addition
NAME	FORNSHELL, CHAD H		22 NAME	Silveous, Carolee	
STREET ADDRESS	5900 MIDNIGHT PASS ROAD		23 STREET ADDRESS	5900 Midnight Pass Rd.	
CITY-ST-ZIP	SARASOTA FL		24 CITY-ST-ZIP	Sarasota, FL.	
TITLE	S	☒ DELETE	31 TITLE	Dir	☐ Change ☒ Addition
NAME	ENGEL, JACK		32 NAME	Goris, Jane	
STREET ADDRESS	5900 MIDNIGHT PASS ROAD		33 STREET ADDRESS	5900 Midnight Pass Rd.	
CITY-ST-ZIP	SARASOTA, FLORIDA 00000		34 CITY-ST-ZIP	Sarasota, FL.	
TITLE	V	☒ DELETE	41 TITLE	Dir.	☐ Change ☒ Addition
NAME	WINN, DOUGLAS REV.		42 NAME	Vargo, Julius	
STREET ADDRESS	5900 MIDNIGHT PASS ROAD		43 STREET ADDRESS	5900 Midnight Pass Rd.	
CITY-ST-ZIP	SARASOTA, FLORIDA 00000		44 CITY-ST-ZIP	Sarasota, FL.	
TITLE	PD	☐ DELETE	51 TITLE	Ass't Secretary	☐ Change ☒ Addition
NAME	DETRUDE, HOWARD		52 NAME	Turner, Rosie A.	
STREET ADDRESS	5900 MIDNIGHT PASS ROAD		53 STREET ADDRESS	5900 Midnight Pass Rd.	
CITY-ST-ZIP	SARASOTA FL		54 CITY-ST-ZIP	Sarasota, FL.	
TITLE	T	☐ DELETE	61 TITLE	Treasurer-Dir	☒ Change ☐ Addition
NAME	SHARP, JOSEPH		62 NAME	Sharp, Joseph	
STREET ADDRESS	5900 MIDNIGHT PASS ROAD		63 STREET ADDRESS	5900 Midnight Pass Rd.	
CITY-ST-ZIP	SARASOTA FL		64 CITY-ST-ZIP	Sarasota, FL.	

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: Rosie Turner 1-23-96 941-349-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Rosie A. Turner, Ass't Secretary