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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

4. FEI Number: 59-1368786 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21:

Suite, Apt. #, etc. 22:

City & State 23:

Zip 24: Country 25:

2a. Mailing Address 26:

Suite, Apt. #, etc. 27:

City & State 28:

Zip 29: Country 30:

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

DAHLGREN, WARD E
1750 RINGLING BLVD.
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name: McClenathan, Chad M.

82 Street Address (P.O. Box Number Is Not Acceptable): 630 South Orange Ave.

83: Sarasota,

84 City: **FL** 85 Zip Code: 34236

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 _____ 2/9/98
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	VPD	☒ DELETE	1.1 TITLE	Vice Presid.	☐ Change ☒ Addition
NAME	SCHMITZ, ALLYN		1.2 NAME	Hansen, Jack	
STREET ADDRESS	5900 MIDNIGHT PASS ROAD		1.3 STREET ADDRESS	5900 Midnight Pass Rd.	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	Sarasota, FL. 34242	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SILVEOUS, CAROLEE		2.2 NAME		
STREET ADDRESS	5900 MIDNIGHT PASS RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DETRUDE, HOWARD		3.2 NAME		
STREET ADDRESS	5900 MIDNIGHT PASS ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SHARP, JOSEPH		4.2 NAME		
STREET ADDRESS	5900 MIDNIGHT PASS ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		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	Frank A. Shorp, Treas.		6.4 CITY-ST-ZIP		

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: _____ 2-5-98 941-349-2200