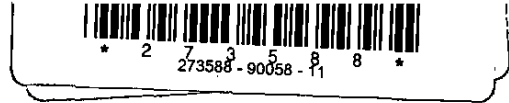


FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90158 046 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 719508					
1. Corporation Name SARASOTA SURF & RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5900 MIDNIGHT PASS ROAD SARASOTA FL 34242			Mailing Address 5900 MIDNIGHT PASS ROAD SARASOTA FL 34242		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/15/1970	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1368786	
24 Country		29 Country		30 Country	
25		29		30	

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees		7. Name and Address of Current Registered Agent MC GLENATHEN, CHAD M 630 SOUTH ORANGE AVE 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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HANSEN, JACK		1.2 NAME	Hansen, Jack	
STREET ADDRESS	5900 MIDNIGHT PASS RD		1.3 STREET ADDRESS	5900 Midnight Pass Rd.	
CITY-ST-ZIP	SARASOTA FL 34242		1.4 CITY-ST-ZIP	Sarasota, FL. 34242	
TITLE	SD	☒ DELETE	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	SILVEOUS, CAROLEE		2.2 NAME	Mrs. Donna Andrews	
STREET ADDRESS	5900 MIDNIGHT PASS RD.		2.3 STREET ADDRESS	5900 Midnight Pass Rd.	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	Sarasota, FL. 34242	
TITLE	PD	☒ DELETE	3.1 TITLE	VP	☐ Change ☒ Addition
NAME	DETROUDE, HOWARD		3.2 NAME	Mr. Thomas Coyne	
STREET ADDRESS	5900 MIDNIGHT PASS ROAD		3.3 STREET ADDRESS	5900 Midnight Pass Rd	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	Sarasota, FL. 34242	
TITLE	T	☐ DELETE	4.1 TITLE	Ass't Sec.	☐ Change ☒ Addition
NAME	SHARP, JOSEPH		4.2 NAME	Rosie Turner	
STREET ADDRESS	5900 MIDNIGHT PASS ROAD		4.3 STREET ADDRESS	5900 Midnight Pass Rd.	
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	Sarasota, FL. 34242	
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			6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: Rosie Turner 1-14-99 941-349-2200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
ROSIE TURNER

CR2E037 (1/98)