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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	Mailing Address
5900 MIDNIGHT PASS ROAD SARASOTA FL 34242	5900 MIDNIGHT PASS ROAD SARASOTA FL 34242

273588 - 90058 - 11

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/15/1970
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 59-1368786 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCGLENATHEN, CHAD M 630 SOUTH ORANGE AVE SARASOTA FL 34236	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	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 34243	
TITLE	PD	☒ DELETE	3.1 TITLE	VP	☐ Change ☒ Addition
NAME	DETRUDE, 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		

CR2E037 (11/98)

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