

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 APR 24 AM 8:45

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725388 (3)

1. Corporation Name
SARABAY COVES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 10087 P.O. BOX 10087 (MAILING ADDRESS) BRADENTON FL 34282 US	P.O. BOX 10087 BRADENTON FL 34282 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/26/1973	3a. Date of Last Report 04/04/1994
4. FEI Number 59-1643849	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**WAGNER PROPERTY MANAGEMENT
4400 EL CONQUISTADOR PKWY
STE 13
BRADENTON FL 34282**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 607.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIRIANNI, JOHN F	1.2 NAME	JOHN F. SIRIANNI
STREET ADDRESS	1714 69TH AVE W A202	1.3 STREET ADDRESS	1714 69TH AVE. W. A202
CITY - ST - ZIP	BRADENTON FL	1.4 CITY - ST - ZIP	BRADENTON, FL.
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBRIDE, WILLIAM R.	2.2 NAME	WILLIAM R. MCBRIDE
STREET ADDRESS	1714 69TH AVE. WEST #B405	2.3 STREET ADDRESS	1714 69TH AVE. W. B405
CITY - ST - ZIP	BRADENTON FL	2.4 CITY - ST - ZIP	BRADENTON, FL.
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLANOVSKY, EDWARD	3.2 NAME	EDWARD GLANOVSKY
STREET ADDRESS	1714 69TH AVE W B208	3.3 STREET ADDRESS	1714 69TH AVE. WEST. B208
CITY - ST - ZIP	BRADENTON, FL 00000	3.4 CITY - ST - ZIP	BRADENTON, FL.
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSKINS, FAYE	4.2 NAME	
STREET ADDRESS	1714 69TH AVE., W. #C204	4.3 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON, FL 00000	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOBB, HARVE	5.2 NAME	
STREET ADDRESS	1714 69TH AVE WEST #C401	5.3 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON FL	5.4 CITY - ST - ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, WILLIAM	6.2 NAME	WILLIAM CURTS
STREET ADDRESS	1714 69TH AVE/ WEST, #408	6.3 STREET ADDRESS	1714 69TH AVE. W. C302
CITY - ST - ZIP	BRADENTON FL	6.4 CITY - ST - ZIP	BRADENTON, FL.

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 110.07(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: *Harve Lobb* Date: 4/14/95 Daytime Phone: 813-758-9624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR