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FILED
Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **725388** (3)
1. Corporation Name
SARABAY COVES ASSOCIATION, INC.



Principal Place of Business P.O. BOX 10067 P.O. BOX 10067 (MAILING ADDRESS) BRADENTON FL 34282 US	Mailing Address P.O. BOX 10067 BRADENTON FL 34282 US
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3. Date Incorporated or Qualified 01/26/1973	3a. Date of Last Report 04/27/1996
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
8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**HARMONY 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 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 _____

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	SIRIANNI, JOHN F	
STREET ADDRESS	1714 69TH AVE W A202	
CITY-ST-ZIP	BRADENTON FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MCBRIDE, WILLIAM R.	
STREET ADDRESS	1714 69TH AVE. WEST #B405	
CITY-ST-ZIP	BRADENTON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GLANOVSKY, EDWARD	
STREET ADDRESS	1714 69TH AVE W B208	
CITY-ST-ZIP	BRADENTON, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUSKINS, FAYE	
STREET ADDRESS	1714 69TH AVE., W. #C204	
CITY-ST-ZIP	BRADENTON, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOBB, HARVE	
STREET ADDRESS	1714 69TH AVE WEST #C401	
CITY-ST-ZIP	BRADENTON FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CURTIS, WILLIAM	
STREET ADDRESS	1714 69TH AVE. W. C302	
CITY-ST-ZIP	BRADENTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROSEMARIE SCHULEL	
2.3 STREET ADDRESS	1714 69TH AVE. WEST	
2.4 CITY-ST-ZIP	BRADENTON, FL	
3.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **4/14/97** **941-758**
Date Daytime Phone # **9624** **0079604**

CR2E037 (9/96)