


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90034 039 ****61.25

DOCUMENT # 743480

1. Entity Name
SPINDRIFT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 2198 PRINCETON STREET # 20
 SARASOTA, FL 34237 US

Mailing Address
 2198 PRINCETON STREET # 20
 SARASOTA, FL 34237 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country



04112004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

WEIL, WARREN
 C/O MA-CON, INC.
 2198 PRINCETON STREET # 20
 SARASOTA, FL 34237

4. FEI Number
59-2196657

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name **August Property Management, Inc**
 Street Address (P.O. Box Number is Not Acceptable)
2477 Stidney Point Rd Ste 118A
 City **Sarasota** FL Zip Code **34231**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **4-1-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
SD	HUDSON, TRAMMELL	1418 LADUE LANE	SARASOTA, FL	<input type="checkbox"/>
PD	WILSON, NANCY	1830 STRATFORDS DR	OWENSBORO, KY	<input type="checkbox"/>
TD	DIEDERICH, MYRTLE	7 HUNTINGTON LANE	SAINT LOUIS, MO 63141	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TD	Diane Malo	460 Boggs Rd	Sarasota, FL 34242	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE **9-11-927-6464**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #