

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **758289** (3)
1. Corporation Name
SAILBOAT KEY PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business 7911 SAILBOAT KEY BLVD. S. SOUTH PASADENA FL 33707	Mailing Address 7911 SAILBOAT KEY BLVD. S. SOUTH PASADENA FL 33707
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3. Date Incorporated or Qualified 11/03/1981	
4. FEI Number 59-2187634	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COMMUNITY MANAGEMENT CONCEPTS INC
4175 EAST BAY DR, STE 205
CLEARWATER FL 34624**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SULLIVAN, DAVE	
STREET ADDRESS	7911 SAILBOAT KEY BLVD	
CITY-ST-ZIP	S. PASADENA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ADDIE SALERNO	
STREET ADDRESS	7911 SAILBOAT KEY BLVD	
CITY-ST-ZIP	S. PASADENA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TALMADGE, DICK	
STREET ADDRESS	7911 SAILBOAT BLVD	
CITY-ST-ZIP	S. PASADENA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BUCCI, JIM	
STREET ADDRESS	7911 SAILBOAT KEY BLVD	
CITY-ST-ZIP	S. PASADENA FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SLAGSVOL, FRED	
STREET ADDRESS	7911 SAILBOAT KEY BLVD	
CITY-ST-ZIP	S. PASADENA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCCABE, JOE	
STREET ADDRESS	7911 SAILBOAT KEY BLVD	
CITY-ST-ZIP	S. PASADENA FL	

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DICK WALLACE	
1.3 STREET ADDRESS	7911 SAILBOAT KEY BLVD	
1.4 CITY-ST-ZIP	South Pasadena, FL 33707	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John Hoisington	
2.3 STREET ADDRESS	7911 SAILBOAT KEY BLVD	
2.4 CITY-ST-ZIP	South Pasadena, FL 33707	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Chuck Wilson	
3.3 STREET ADDRESS	7911 SAILBOAT KEY BLVD	
3.4 CITY-ST-ZIP	South Pasadena, FL 33707	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *David M. Sullivan*

4/22/98

CR2E037 (10/97)