1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758289

1. Corporation Name

SAILBOAT KEY PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

7911 SAILBOAT KEY BLVD. S. SOUTH PASANENA FL 33707

2. Principal Place of Business

Suite, Apt, #, etc.

City & State

23

79:1 SAILBOAT KEY BLVD. S. SOUTH PASANENA FL 33707

FILED May 06, 1999 8:00 am § Secretary of State

05-06-1999 90105 012 ****61.25

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3. Date Incorporated or Qualifed

5. Certificate of Status Desired

11/03/1981

59-2187634

4. FEI Number

	ddress of Current R	29 Registered Agent	30		•.		Trust Fund (Contribution		Added to	n Fees		
COMMUNITY MANAGEMEN	ddress of Current R	Registered Agent		30		Trust Fund Contribution			Added to Fees				
••••••		Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
••••••				81	Name								
••••••	COMMUNITY MANAGEMENT CONCEPTS INC					Address	(P.O. Box Num	ber is Not Accept	able)				
THE LACT DATE DISCUE	• • · · · · · · · · · · · · · · · · · ·							·					
CLEARWATER FL 34624				83									
ODDAMIA EN LE GADET				84	City					85 Zip C	 :ode		
				1 1	-				FL	. []			
11. Pursuant to the provisions of office or registered agent, or tagent. I am familiar with, and	both, in the State of I	Florida. Such chai	nge was author	nzed by i	-named the corpo	corporat oration's	ion submits this board of directo	statement for the ers. I hereby acce	purpose of pt the appoi	changing its ntment as req	registered gistered		
SIGNATURE	name of registered agent or	nd title if applicable	(NOTE: Regis	neck beer	signature n	required whe	en reinstating)		DATE				
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered OFFICERS AND DIRECTORS 13.					_	ADDITIONS/C	HANGES TO OF	FICERS AN	ID DIRECTO	RS IN 12		
TITLE PD	STITUERO AND		ELETE	1.1 TITLE	- ,	V10	- 6 R	FZIDEN	, 	Change	Addition		
NAME SULLIVAN, DAVE	F		1	1.2 NAME		Ro	pent.	Baldwill 150at K	NO RI	vd#6	05		
STREET ADDRESS 7911 SAILBOAT				1.3 STREET	ADORESS	793	32 Sai	100ar K	ex D	00 0	~ ~		
CITY-ST-ZIP S. PASADENA F				1.4 CITY-ST		50	with 0	Pasader	na, FZ	- ムメル	0/_		
TITLE TD	<u> </u>			2.1 TITLE		200	1-C-770 P			Change	Addition		
NAME ADDIE SALERNO	n		ľ	2.2 NAME		المح	ter G	alietta		31.2d #	6/01		
STREET ADDRESS: 7911 SAILBOAT	-			2.3 STREET	ADDRESS	78	62 Sa	116 aga -	vel -	,,,	(0)		
CITY-ST-ZIP S. PASSENDA F			1	2. 4 CITY-S	T- ZIP	150	outh S	asadena	a, FL	. 3370	りつ		
TITLE SD				3 1 TITLE			<u> </u>			Change	☐ Addition		
NAME TALMADGE, DIC	:K			3.2 NAME		Ì							
STREET ADDRESS: 7911 SAILBOAT			4	3.3 STREET	ADDRESS	\							
CITY-ST-ZIP S. PASADENA F			1	3.4. CITY-S	T- Z!P								
TITLE D		∑ t		4.1 TITLE						☐ Change	☐ Addition		
NAME WALLACE, DICK	(•	4. 2 NAME	į	1							
STREET ADDRESS 7911 SAILBOAT			j	4.3 STREET	ADDRESS								
CITY-ST-ZIP S PASADENA FI			, I	4.4 CITY- \$1	- ZIP			_					
TITLE VPD		X	DELETE	5.1 TITLE						Change	☐ Addition		
NAME SLAGSVOL, FRE	=D	/ \	`	5.2 NAME									
STREET ADDRESS 7911 SAILBOAT				5.3 STREET	ADDRESS								
CITY-ST-ZIP S. PASADENA F	- ·- -		1	5.4 CITY-S1	-ZIP	<u> </u>							
TITLE D			DELETE	6.1 TITLE						Change	☐ Addition		
NAME HOISINSTON, JO	OHN		ı	6.2 NAME									
STREET ADDRESS 7911 SAILBOAT			}	6.3 STREET	ADDRESS	}							
CITY-ST-ZIP S PASADENA E	1 33707			6.4 CITY-\$1									
14. I hereby certify that the inform indicated on this annual report	notion supplied with	this filing does not	qualify for the	exempti	on stated	d in Sect	ion 119.07(3)(i)	Florida Statutes.	I further ce	rtify that the i	nformation		

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

4/29/99 367-6008

(ROFILS7 (11/98)

Applied For

\$8.75 Additional

Fee Required

Not Applicable