

1995

DIVISION OF CORPORATIONS

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DOCUMENT # 767928 (5)

1. Corporation Name
SARASOTA WINDMILL VILLAGE SOUTH CMC ASSOCIATIO
N, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
2885 LAMPLIGHTER DRIVE 3000 TUTTLE AVE.
SARASOTA FL 34234 SARASOTA FL 34234
US

3. Date Incorporated or Qualified 04/13/1983 3a. Date of Last Report 02/11/1994
4. FEI Number NOT APPLICABLE Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 3000 Tuttle Ave. 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Sarasota FL 28
Zip Country Zip Country
24 34234 25 US 29 30

5. Certificate of Status Desired \$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SOUTAR, MARGARET
2921 CIMARRON COVE
SARASOTA FL 34234

10. Name and Address of New Registered Agent
81 Name Doris James
82 Street Address (P.O. Box Number is Not Acceptable) 2918 Bay Aristocrat Dr.
83
84 City Sarasota FL 85 Zip Code 34234

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Doris James* Doris James 4/15/95 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SOUTAR, MARGARET
STREET ADDRESS 2921 CIMARRON COVE
CITY-ST-ZIP SARASOTA FL

1.1 TITLE PD
1.2 NAME Doris James
1.3 STREET ADDRESS 2913 Bay Aristocrat Dr.
1.4 CITY-ST-ZIP Sarasota FL 34234

TITLE VD
NAME SHOUP MARY MARGARET
STREET ADDRESS 2962 HILLCREST DRIVE
CITY-ST-ZIP SARASOTA FL

2.1 TITLE VD
2.2 NAME Anne Devenpeck
2.3 STREET ADDRESS 2914 Lake HavenDr.
2.4 CITY-ST-ZIP Sarasota FL 34234

TITLE SD
NAME STEINKUHLER, MARGARET
STREET ADDRESS 3399 BAY OAKS DRIVE
CITY-ST-ZIP SARASOTA FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS SAME
3.4 CITY-ST-ZIP

TITLE TD
NAME MILLAR, CHET
STREET ADDRESS 2822 LAMPLIGHTER DR
CITY-ST-ZIP SARASOTA FL

4.1 TITLE TD
4.2 NAME Jerry Kiska
4.3 STREET ADDRESS 2929 Lamplighyter Dr.
4.4 CITY-ST-ZIP Sarasota FL 34234

TITLE D
NAME DOWNING, DONALD S
STREET ADDRESS 2993 REGENCY COVE
CITY-ST-ZIP SARASOTA FL

5.1 TITLE D
5.2 NAME Stan Rauh
5.3 STREET ADDRESS 3284 Bay Oaks Dr.
5.4 CITY-ST-ZIP Sarasota FL 34234

TITLE D
NAME SINCAVAGE, WILLIAM
STREET ADDRESS 3291 BAY OAKS DRIVE
CITY-ST-ZIP SARASOTA FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS SAME
6.4 CITY-ST-ZIP

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 the 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: *Doris James* Doris James 4/15/95 813-351-2855 Date (Type in Florida #)