

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **767928** (5)
1. Corporation Name
SARASOTA WINDMILL VILLAGE SOUTH CIVIC ASSOCIATION, INC.



Principal Place of Business: 3000 TUTTLE AVE. SARASOTA FL 34234 US
Mailing Address: 3000 TUTTLE AVE. SARASOTA FL 34234 US

3. Date Incorporated or Qualified: 04/13/1983
3a. Date of Last Report: 04/18/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		NOT APPLICABLE	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
					<input type="checkbox"/>	
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country		Country		<input type="checkbox"/>	
24		29		8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DORIS JAMES 2918 BAY ARISYOCRAT DR SARASOTA FL 34234		81 Name	Anne S. Devenpeck
		82 Street Address (P.O. Box Number is Not Acceptable)	2914 Lake Haven Dr.
		83	
		84 City	SARASOTA
		85 Zip Code	FL 34234

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: *Anne S. Devenpeck* DATE: 2-27-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	JAMES, DORIS	1.2 NAME	DEVENPECK, ANNE S
STREET ADDRESS	2913 BAY ARISTOCRAT DR.	1.3 STREET ADDRESS	2914 Lake Haven Dr.
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota FL 34234
TITLE	VD	2.1 TITLE	VD
NAME	DEVENPECK, ANNE	2.2 NAME	Kaempfer, Joyce
STREET ADDRESS	2914 LAKE HAVEN DR.	2.3 STREET ADDRESS	2795 Bay Oaks Dr.
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota, FL 34234
TITLE	SD	3.1 TITLE	SD
NAME	STEINKUHLER, MARGARET	3.2 NAME	Steinkuhler, Margaret
STREET ADDRESS	3399 BAY OAKS DRIVE	3.3 STREET ADDRESS	3399 Bay Oaks Dr.
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota, FL 34234
TITLE	TD	4.1 TITLE	TD
NAME	KISKA, JERRY	4.2 NAME	Kiska, Jerry
STREET ADDRESS	2929 LAMPLIGHTER DR.	4.3 STREET ADDRESS	2929 Lamplighter Dr.
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	Sarasota, FL 34234
TITLE	D	5.1 TITLE	TD
NAME	RAUH, STAN	5.2 NAME	Kiska, Jerry
STREET ADDRESS	3284 BAY OAKS DR.	5.3 STREET ADDRESS	2929 Lamplighter Dr.
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	Sarasota, FL 34234
TITLE	D	6.1 TITLE	D
NAME	SINCAVAGE, WILLIAM	6.2 NAME	Sincavage, William
STREET ADDRESS	3291 BAY OAKS DRIVE	6.3 STREET ADDRESS	3291 Bay Oaks Dr.
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	Sarasota, FL 34234

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 119.07(3)(k), 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: *Anne S. Devenpeck* Anne S. Devenpeck 1-25-96 941-355-3096

CR2E037 (12/95)