

FILED
Apr 14, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 767928

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 04/13/1983	4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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		

9. Name and Address of Current Registered Agent DEVENPECK, ANNE S 2914 LAKE HAVEN DR SARASOTA FL 34234	10. Name and Address of New Registered Agent 81 Name MARY MARGARET SHOUP 82 Street Address (P.O. Box Number is Not Acceptable) 2962 HILLCREST DR. 83 84 City SARASOTA FL 85 Zip Code 34234
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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: Mary Margaret Shoup DATE: 4/26/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VD <input checked="" type="checkbox"/> DELETE	NAME: KAEMPFER, JOYCE	1.1 TITLE	BARBARA SHIPLEY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2914 LAKE HAVEN DR	CITY-ST-ZIP: SARASOTA FL 34234	1.2 NAME	2802 PALM LAKE DR.
TITLE: P <input checked="" type="checkbox"/> DELETE	NAME: DEVENPECK, ANNE S	1.3 STREET ADDRESS	SARASOTA, FL 34234
STREET ADDRESS: 2914 LK HAVEN DR	CITY-ST-ZIP: SARASOTA FL 34234	1.4 CITY-ST-ZIP	
TITLE: AS <input checked="" type="checkbox"/> DELETE	NAME: DOWNING, HARRIETT	2.1 TITLE	MARY HAIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2993 REGENCY COVE	CITY-ST-ZIP: SARASOTA FL 34234	2.2 NAME	3103 BAY OAKS DRIVE
TITLE: TD <input type="checkbox"/> DELETE	NAME: SAMPERY, MILDRED	2.3 STREET ADDRESS	SARASOTA, FL 34234
STREET ADDRESS: 2948 REGENCY COVE	CITY-ST-ZIP: SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: SINCAVAGE, WILLIAM	3.1 TITLE	DONALD DOWNING <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3291 BAY OAKS DRIVE	CITY-ST-ZIP: SARASOTA FL	3.2 NAME	2993 REGENCY COVE
TITLE: <input type="checkbox"/> DELETE	NAME:	3.3 STREET ADDRESS	SARASOTA, FL 34234
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.1 TITLE	
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.3 STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE	
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.3 STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE	
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.3 STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	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, with all other like empowered.

SIGNATURE: MARY MARGARET SHOUP DATE: April 9, 1999

CR2037 (4/1/88)