

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90005 006 \*\*\*\*61.25

**DOCUMENT # 767928**

1. Entity Name  
**SARASOTA WINDMILL VILLAGE SOUTH CIVIC ASSOCIATIO**

Principal Place of Business <b>3000 TUTTLE AVE.          SARASOTA FL 34234          US</b>	Mailing Address <b>3000 TUTTLE AVE.          SARASOTA FL 34234          US</b>
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- 56318



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**LAWRENCE, MARGARET  
 2988 REGENCY COVE  
 SARASOTA FL 34234**

7. Name and Address of New Registered Agent  
 Name: **Mary Margaret Shoup**  
 Street Address (P.O. Box Number is Not Acceptable): **2962 Hillcrest Dv.**  
**Sarasota Fl.**  
 City: \_\_\_\_\_ State: **FL** Zip Code: **34234**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD HEYER, DAWN 3209 BAY ARISTO COVE SARASOTA FL 34236</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS DOWNING, HARRIET 2993 REGENCY COVE SARASOTA FL 34234</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SAMPERY, MILDRED 2948 REGENCY COVE SARASOTA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LAWRENCE, MARGARET 2988 REGENCY COVE SARASOTA FL 34234</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD James Wilson 2958 Cimarron Cove Sarasota Fl. 24234</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Mary Margaret Shoup 2962 Hillcrest Dv. Sarasota Fl. 24234</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Margaret Shoup Date: 2/20/2001 Daytime Phone #: 941-351-4802

CR2E037 (10/00)