## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

| Memory Address  Memory Address  Memory Address  SAR ALEMNOO STREET SARASOTA FL 9422  2. Principal Place of Business  2. Making Address  2. Making Address  2. Principal Place of Business  2. Making Address  3. Date incorporated or Qualified  (2/17/1984  4. FEI Number  5. Principal Place of Business  3. Date incorporated or Qualified  (2/17/1984  4. FEI Number  5. Substance of Status Desired   \$8.75 Additional Principal Place of Business  5. Certificate of Status Desired   \$8.75 Additional Principal Place of Status Desired   \$8.75 Additional Principal Place of Business  5. Certificate of Status Desired   \$8.75 Additional Principal Place of Business  5. Substance   \$1.00 Applies For Not Applies F  | ·  |                        | CONDOMINIUM        |                 | OCIATION, INC. |          |  |              |  |
|--|--|------------------------|--------------------|-----------------|----------------|----------|--|--------------|--|
| SAMASOTA FI, \$422  SAMASOTA FI,                         | Principal Place                            | siling Address         | Address            |                 |                |          |  |              |  |
| 2. Principal Place of Business   2a. Making Address   5. Certificate of Status Desired   \$8.75 Additional Fee Required   \$8.00 May 98   \$5.00 May 98   \$6.00 | 3945 ALLENWOOD STREET<br>SARASOTA FL 34232 |                        |                    |                 |                |          |  |              | 02/17/1984                                   |
| Sulle, Apt. #, etc.  Sulle, Ap   |  |                        |                    |                 |                |          |  |              | <b>59-2631586</b> Not Applicable             |
| Suite, Apt. #, etc.    Suite, Apt. #, etc.   |  |                        |                    |                 | <del></del>    |          |  |              |  |
| City & State  Ci   | 21 Suite Ant H etc                         |                        |                    |                 |                |          |  |              | <u> </u>                                     |
| City & State 20  | 22   |                        |                    |                 | <del>_</del>   |          |  |              |  |
| Yes   No.   Name and Address of Current Registered Agent   Street Address (P.O. Box Number is Not Acceptable)  |  |                        |                    |                 |                |          |  |              |  |
| Zip   Country   Zip   Country   Zip   Country   R. This corporation owes or has paid the current year intenglible   Personal Property Tax due June 30.    Yes   No   | 23   |                        |                    |                 | 28             |          |  |              |  |
| BECKER & POLIAKOFF, PA MCCLENATHEN, CHAD M ESO 830 S ORANGE VE SARASOTA FL  DELETE  PD OUTPUT: 10, Name and Address of New Registered Agent  11, Name 12, Name 12, Name 13, Name 14,   | Zip  |                        | Country            |                 | Zip            | Count    | ry                                     |              |  |
| BECKER & POLIAKOFF, PA MCCLENATHEN, CHAD M ESO 830 S CRANGE VE SARASOTA FL 34236  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florids Statutes. The above-named corporation submits this statement for the purcees of changing its registered agent. I am ternilliar with, and accept the obligations of, Section 817,0503, Florids Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. TITLE  15. TITLE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. TITLE  17. TITLE  18. Zip Code  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  19. OFFICERS AND DIRECTORS IN 12.  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  29. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1   | 24   |                        |                    |                 |                |          |  |              |  |
| BECKER & POUAKOFF, PA MCCLENATHEN, CHAD M ESO 830 S ORANGE VE SARASOTA FL 34236  11. Pursuant to the provisions of Sections 617 0502 and 617 1509. 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. Thereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered office or registered values with, and accept the obligations of, Section 617 3503, Florida Statutes.  SIGNATURE  Signature, typed or private name of agentered agent and site if appointment as registered segment agent are site if agentered agent and site if agentered Agent agentere recovered when rehatisting)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  DOFFICERS AND DIRECTORS IN 12.  14. STREET ADDRESS  SARASOTA FL  12. TITLE  DOFFICERS AND DIRECTORS IN 12.  13. STREET ADDRESS  14. CITY-ST-2P  ACCITY-ST-2P  ACCITY-ST-2P  ACCITY-ST-2P  ACCITY-ST-2P  ACCITY-ST-2P  ACCITY-ST-2P  ACCITY-ST-2P  ACCITY-ST-2P  ACCITY-ST-2P  TITLE  DIX. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  Change Addition  MAKE  STREET ADDRESS  CITY-ST-2P  TITLE  DIX. ADDITIONS TO A ACCEPTABLE IN ACCEPTABLE IN ACCEPTABLE IN TITLE  ACCITY-ST-2P  TITLE  DIX. ADDITIONS TO A ACCEPTABLE IN ACCEPTABL   |  | p, Name and            | Address of Current | Regis           | tered Agent    |          | 1 Name                                 |              | 10. Name and Address of New Registered Agent |
| MCCLENATHEN, CHAD M ESO 830 S GRANGE VE SARASOTA FL 34236  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 agent and of directors. I hereby accept the supplication of directors agent, and accept the obligations of, Section 617 0503, Florida Statutes.  SIGNATURE  Signature: Signature: Signature: Name accept the obligations of, Section 617 0503, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  110. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  110. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  110. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  110. DELETE  13. TITLE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14.39 Winston Anna N.  STREET ADDRESS  SARASOTA FL  14.017-ST-2P  SARASOTA FL  10. DELETE  21. TITLE  10. DELETE  21. TITLE  10. DELETE  22. STREET ADDRESS  SARASOTA FL  10. DELETE  33. TITLE  34.017-ST-2P  34.0   | orove                                      |                        | F 64               |                 |                |          | 7,007,10                               |              |  |
| 830 S ORANGE VE SARASOTA FL 34236  841 City  FL 85 Zip Code  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 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, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, hyped or privad rame of registered agent and title it appointment as registered Agent expenses registered agent, and the support of the appointment as registered agent, and the support of the appointment as registered agent and title in appointment as registered agent and title is appointment as registered agent and title is a purposed of directors. I hereby accept the appointment as registered agent agent agent and the purpose of handlers are registered agent agent and title is a purposed agent and title is appointment as registered agent and title is a purposed   |  |                        |                    | 82 Street Addre |                |          | ss (P.O. Box Number Is Not Acceptable) |              |  |
| SARASOTA FL 34236  SIGNATURE  SUPPOSE A CONTROL OF PROVISIONS OF SOCION 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SUPPOSED AND DIRECTORS 17.0503, Florida Statutes.  SIGNATURE  SUPPOSED AND DIRECTORS 18.12.  OFFICERS AND DIRECTORS 19.2.  OFFICERS AND DIRECTORS 19.2.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 19.2.  TITLE  DOUGLAS James  Husbert Addition  Husbert, Thomas  SARASOTA FL  1.2 ITILE  PD  DELETE  2.1 TITLE  PD  DELETE  2.2 TITLE  1.3 TITLE  DURE A PISCOR FL  1.4 CITY-ST-ZPP  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 19.2.  ADDI   |  |                        | D M EOU            |                 |                | la       | 3                                      |              |  |
| 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 lits registered agent. 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 have been agent agen   |  |                        |                    |                 |                |          |  |              |  |
| SIGNATURE    Signature, hyped or prined name of requested agent and site if applicable   (NOTE Registered Agent expected when reinstating)   DATE  | 0, 20, 30,                                 | 717112 01200           |                    |                 |                | 6        | City                                   |              | FL 85 Zip Code                               |
| 12. OFFICERS AND DIRECTORS  TITLE  D  DELETE  D  DELETE  1.1 TITLE  D  DOUGLES TA MES  HUBBNER, THOMAS  STREET ADDRESS  SARASOTA FL  TITLE  TDV  NAME  HUBBNER, KIMBERLY  STREET ADDRESS  SARASOTA FL  DELETE  D  D  DELETE  D  D  D  D  D  D  D  D  D  D  D  D  D   | office or r<br>agent. I a<br>SIGNATURE     |                        |                    |                 |                |          |  |              |  |
| TITLE    Delete   Del   | 12.  | organisms, typed or pr |                    |                 |                |          | Open and many                          | e require    |  |
| STREET ADDRESS CITY-SI-ZP SARASOTA FL  1.3 STREET ADDRESS CITY-SI-ZP SARASOTA FL  1.4 CITY-SI-ZP  NAME HUEBNER, THOMAS 3844 PRAIRIE DUNES DRIVE STREET ADDRESS CITY-SI-ZIP  TITLE TOV NAME HUEBNER, KIMBERLY STREET ADDRESS SARASOTA FL  1.3 STREET ADDRESS 1.4 CITY-SI-ZIP  1.4 CITY-SI-ZIP  1.4 CITY-SI-ZIP  1.5 STREET ADDRESS ARASOTA FL  1.5 STR   | TITLE                                      | D                      |                    |                 | DELETE         | 1.1 TITU | <u></u>                                | 7            | Observa Madellan                             |
| STREET ADDRESS CITY-SI-ZP SARASOTA FL  1.3 STREET ADDRESS CITY-SI-ZP SARASOTA FL  1.4 CITY-SI-ZP  NAME HUEBNER, THOMAS 3844 PRAIRIE DUNES DRIVE STREET ADDRESS CITY-SI-ZIP  TITLE TOV NAME HUEBNER, KIMBERLY STREET ADDRESS SARASOTA FL  1.3 STREET ADDRESS 1.4 CITY-SI-ZIP  1.4 CITY-SI-ZIP  1.4 CITY-SI-ZIP  1.5 STREET ADDRESS ARASOTA FL  1.5 STR   | HAME                                       |                        |                    |                 |                |          | Ε                                      |              |  |
| TITLE PD DELETE 21 TITLE JUNE A PISCOT F D Change Addition  NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP SARASOTA FL  TITLE TDV DELETE DELETE 3.1 TITLE 3.2 NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP SARASOTA FL  DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY-SI-ZIP SARASOTA FL  DELETE 3.4 CITY-SI-ZIP NAME OIXON CARL NAME OIXON CARL STREET ADDRESS CITY-SI-ZIP SARASOTA FL  DELETE 4.1 TITLE 1.2 Change Addition Addition Change Addition Addition Change Change Addition Change Chan   |  |                        |                    |                 |                |          | ET ADDRESS                             |              |  |
| NAME STREET ADDRESS 3844 PRAIRIE DUNES DRIVE SARASOTA FL  TITLE TOV STREET ADDRESS 3844 PRAIRIE DUNES DRIVE SARASOTA FL  TITLE NAME HUEBNER, KIMBERLY 3.1 TITLE 3.2 NAME 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP SARASOTA FL  TITLE D DIXON CAR 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D DIXON CAR 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D DELETE 4.1 TITLE 1.2 Change Addition Addition TITLE NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | CITY-ST-ZIP                                |                        | FL                 |                 |                |          |  | 12           | . <u> </u>                                   |
| THUEBRICH, THUMAS STREET ADDRESS 3844 PRAIRTE DUNES DRIVE CITY-ST-ZIP SARASOTA FL  TITLE TOV DELETE 3.1 TITLE 3.2 NAME HUEBRICR, KIMBERLY 3.2 NAME STREET ADDRESS 3844 PRAIRTE DUNES DRIVE 3.3 STREET ADDRESS CITY-ST-ZIP SARASOTA FL  TITLE D DELETE 4.1 TITLE D Change Addition L 2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE D DELETE 5.1 TITLE D Change Addition STREET ADDRESS   |  | , -                    |                    |                 | ☐ DELETE       |          | -                                      | 1 1          | une HDISdock                                 |
| CITY-ST-ZIP SARASOTA FL  TITLE TOV   |  |                        |                    |                 |                |          | _                                      | 1            | 1425 Gulfal Maxico Dr #15A                   |
| TITLE TOV  |  |                        |                    |                 |                |          |  | 1            | sone boot Key. Il 34228                      |
| NAME HUEBNER, KIMBERLY 3844 PRAIRIE DUNES DRIVE STREET ADDRESS CITY-ST-ZIP TITLE DIXON CARL AGDITY-ST-ZIP TITLE DIXON CARL 4.1 TITLE UXON CARL 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE DELETE 5.3 STREET ADDRESS STREET ADDRESS 5.3 STREET ADDRESS   |  |                        | re .               |                 | DELETE         |          |  | <del> </del> |  |
| STREET ADDRESS  SARASOTA FL  TITLE  DIXON CARL  STREET ADDRESS  CITY-ST-ZIP  DIXON CARL  Addition  4.2 NAME  4.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  Addition  4.2 NAME  4.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  DELETE  5.1 TITLE  MAME  5.2 NAME  5.3 STREET ADDRESS  STREET ADDRESS  5.3 STREET ADDRESS  5.3 STREET ADDRESS  5.3 STREET ADDRESS  | NAME                                       |                        | KIMBERLY           |                 |                |          |  |              |  |
| CITY-ST-ZIP SARASOTA FL 3.4 CITY-ST-ZIP  TITLE D   | STREET ADDRESS                             |                        |                    |                 |                | 2.2.1.1. | -                                      | 1            |  |
| NAME  DIXON_CARI  4.2 NAME  4.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  DELETE  5.1 TITLE  MAME  5.2 NAME  5.2 NAME  5.3 STREET ADDRESS  5.3 STREET ADDRESS  5.3 STREET ADDRESS  | CITY-ST-ZIP                                |                        |                    |                 |                | 3.4. CM  | -ST-ZIP                                |              |  |
| STREET ADDRESS 48.14 HIDDEN VIEW PLACE 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP  TITLE DELETE 5.1 TITLE  Change Addition 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS  | TITLE                                      |                        | , <u> </u>         |                 | DELETE         | 4.1 TITU | E                                      |              | Change Addition                              |
| CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  DELETE  5.2 NAME  STREET ADDRESS  5.3 STREET ADDRESS  | NAME                                       | DIXON CA               |                    |                 |                |          |  |              |  |
| TITLE DELETE 5.1 TITLE DELETE Addition  NAME  5.2 NAME  5.3 STREET ADDRESS  5.3 STREET ADDRESS   | STREET ADDRESS                             |                        |                    |                 |                |          |  | 1            |  |
| NAME 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS  | CITY-ST-ZIP                                | SARASOTA               | <u>R</u>           |                 | Devere         | _        |  | ₩-           | Change Laddition                             |
| STREET ADDRESS 5.3 STREET ADDRESS  |  |                        |                    |                 | - DELEGE       |          |  | 1            | L CHANGE ADDITION                            |
|  |  |                        |                    |                 |                |          |  |              |  |
|  | City-St-ZIP                                |                        |                    |                 |                |          |  |              |  |

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

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.

DELETE

4-16-98

Addition

**FILED** 

Apr 27 1998 8:00am

Secretary of State