


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90011 024 ****61.25

DOCUMENT # N02000006842

1. Entity Name
FRUITVILLE OFFICE PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

**766 A HUDSON ST
 SARASOTA FL 34236** **766 A HUDSON ST
 SARASOTA FL 34236**

2. Principal Place of Business 3. Mailing Address

3277 Fruitville Rd. **3277 Fruitville Rd.**

Suite, Apt. #, etc. Suite, Apt. #, etc.


Unit F **Unit F**

City & State City & State

Sarasota, FL **Sarasota FL**

Zip Country Zip Country

34237 USA **34237 USA**



MOORE CR2E037 (11/03)

4. FEI Number **16-1630015** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~**VAN WINKLE, MARY E
 2815 PROCTOR RD
 SARASOTA FL 34231**~~

7. Name and Address of New Registered Agent

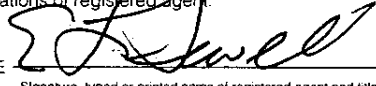
Name **E. Larry Sewell**

Street Address (P.O. Box Number is Not Acceptable)

3277 Fruitville Rd. Unit F

City **Sarasota** FL Zip Code **34237**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **E. Larry Sewell, President** DATE **1/31/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SEWELL, E LARRY	
STREET ADDRESS	766 A HUDSON ST	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	WILSON, CHARLES H	
STREET ADDRESS	1945 17TH ST	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MOORE, S WILLIAM	
STREET ADDRESS	100 WALLACE AVE STE 310	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HAWKINS, MICHAEL W	
STREET ADDRESS	330 S PINEAPPLE AVE	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	YAHRAUS, ROY A	
STREET ADDRESS	4057 REDBIRD CIR	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STRELEC, FRANK	
STREET ADDRESS	200 S ORANGE AVE	
CITY-ST-ZIP	SARASOTA FL 34236	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3277 Fruitville Rd. Unit F	
CITY-ST-ZIP	Sarasota, FL 34237	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2341 Porter Lake Drive #207	
CITY-ST-ZIP	Sarasota, FL 34240	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3277 Fruitville Rd. Unit E	
CITY-ST-ZIP	Sarasota, FL 34237	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia A. Wunderlin	
STREET ADDRESS	3277 Fruitville Rd. Unit 2B	
CITY-ST-ZIP	Sarasota, FL 34237	

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:  **E. Larry Sewell, Pres.** 1/31/04 941.365.5111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #