


FILED
May 27, 2004 8:00 am
Secretary of State

04-30-2004 90321 032 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000000581			
1. Entity Name MOCKINGBIRD PLACE HOMEOWNERS ASSOCIATION OF SARASOTA, INC.			
Principal Place of Business 812 WILLOWOOD LANE NAPLES, FL 34103		Mailing Address 812 WILLOWOOD LANE NAPLES, FL 34103	
2. Principal Place of Business <i>60 Sarasota Center Blvd</i> Suite, Apt. #, etc.		3. Mailing Address <i>60 Sarasota Center Blvd</i> Suite, Apt. #, etc.	
City & State <i>Sarasota FL</i>		City & State <i>Sarasota FL</i>	
Zip <i>34240</i>	Country <i>USA</i>	Zip <i>34240</i>	Country <i>USA</i>
4. FEI Number <i>20-1155516</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent BEVINS, DON 812 WILLOWOOD LANE NAPLES, FL 34103		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEVINS, DON	NAME	
STREET ADDRESS	812 WILLOWOOD LANE	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34103	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAND, KENNETH	NAME	
STREET ADDRESS	3757 N. TAMiami TRAIL	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34103	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALLEY, TAMMY	NAME	
STREET ADDRESS	2051 OLD TRENTON LANE	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34232	CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAND, KEVIN	NAME	
STREET ADDRESS	812 WILLOWOOD LANE	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34103	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<i>D Winterrowd, David</i>
STREET ADDRESS		STREET ADDRESS	<i>60 Sarasota Center Blvd</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>SARASOTA, FL 34240</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 517, 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: <i>[Signature]</i>		Date: <i>4-26-04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <i>941-379-0443</i>	

66424362



04272004 Chg-NP CR2E037 (10/03)