

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                          |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Morham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

**DOCUMENT # N07042 (7)**

1. Corporation Name  
**RIGGS LANDING CONDOMINIUM ASSOCIATION, INC.**

|                                                                             |                                                                 |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------|
| Principal Place of Business<br><b>1762 BAY STREET<br/>SARASOTA FL 34236</b> | Mailing Address<br><b>1762 BAY STREET<br/>SARASOTA FL 34236</b> |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------|

|                                                                                                     |                                                                                          |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

|                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>01/09/1985</b>                                                                                                       |
| 4. FEI Number<br><b>59-2561631</b>                                                                                                                           |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                              |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                           |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                       |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

**LOBECK, DANIEL J.  
2063 MAIN STREET  
SUITE 201  
SARASOTA FL 34237**

*LOBECK, DANIEL J.  
2063 MAIN STREET  
SUITE 201  
SARASOTA, FL 34237*

*STILL OUR RESIDENT AGENT.*

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 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 *Bill Ward* DATE *1/10/98*

| 12. OFFICERS AND DIRECTORS |                                                               | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|---------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | PD <input type="checkbox"/> DELETE                            | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>HANS ITA</b>                                               | 1.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>1762 BAY STREET, #402</b>                                  | 1.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | <b>SARASOTA FL</b>                                            | 1.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | T <input type="checkbox"/> DELETE                             | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>LLOYD M. SMITH</b>                                         | 2.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>1762 BAY ST. APT. #201</b>                                 | 2.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | <b>SARASOTA FL</b>                                            | 2.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | VD <input checked="" type="checkbox"/> DELETE                 | 3.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>MACNUTT, MARIE</b>                                         | 3.2 NAME                                              | <b>Edward Petrick</b>                                                        |
| STREET ADDRESS             | <b>1762 BAY ST 203</b>                                        | 3.3 STREET ADDRESS                                    | <b>1762 Bay St. Apt303</b>                                                   |
| CITY-ST-ZIP                | <b>SARASOTA FL</b>                                            | 3.4 CITY-ST-ZIP                                       | <b>SARASOTA, FL.</b>                                                         |
| TITLE                      | SD <input checked="" type="checkbox"/> DELETE                 | 4.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>BARBARA SALSBUURY</b>                                      | 4.2 NAME                                              | <b>Darrell Crane</b>                                                         |
| STREET ADDRESS             | <b>1762 BAT ST #301</b>                                       | 4.3 STREET ADDRESS                                    | <b>1762 Bay St. Apt302</b>                                                   |
| CITY-ST-ZIP                | <b>SARASOTA FL</b>                                            | 4.4 CITY-ST-ZIP                                       | <b>SARASOTA, FL.</b>                                                         |
| TITLE                      | VD <input checked="" type="checkbox"/> DELETE <i>STILL AD</i> | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>GORDON NORMAN</b>                                          | 5.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>1762 BAY ST. #403</b>                                      | 5.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | <b>SARASOTA FL 34236</b>                                      | 5.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE                               | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                                               | 6.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                                               | 6.3 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)(l), 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.

SIGNATURE: *Lloyd M. Smith Treasurer* *1/10/98* *941-955-4053*

CR2E037 (10/97)