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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N14324**

1. Corporation Name

FOUNDERS CIRCLE OF SARASOTA, INC.

Principal Place of Business	Mailing Address
24 N. CASEY ROAD OSPREY FL 34229-9704 US	24 N. CASEY ROAD OSPREY FL 34229-9704 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/10/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2719585 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SAVARY, JOHNSON S.
1671 S. DR.
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name

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

83

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	BAGLEY, SARA		1.2 NAME	GRIFFITH, KAREN	
STREET ADDRESS	1435 CEDAR BAY LANE		1.3 STREET ADDRESS	1351 N. LAKE SHORE DR.	
CITY-ST-ZIP	SARASOTA FL 34231		1.4 CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	GRIFFITH, KAREN		2.2 NAME	SUE TOWLER,	
STREET ADDRESS	1351 N LAKE SHORE DR		2.3 STREET ADDRESS	7306 POINT of ROCKS ROAD	
CITY-ST-ZIP	SARASOTA FL 34231		2.4 CITY-ST-ZIP	SARASOTA, FL. 34242	
TITLE	RSD	☒ DELETE	3.1 TITLE	RSD	☒ Change ☐ Addition
NAME	HUWILER, JAN		3.2 NAME	MURPHY, LEE	
STREET ADDRESS	520 MEADOW SWEET CIRCLE		3.3 STREET ADDRESS	156 BISHOPSCOURT Rd.	
CITY-ST-ZIP	OSPREY FL 34229		3.4 CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	CSD	☒ DELETE	4.1 TITLE	CSD	☒ Change ☐ Addition
NAME	MOLLY, MOFFAT		4.2 NAME	GODDARD, MARY BETH	
STREET ADDRESS	7236 PINE NEEDLE RD		4.3 STREET ADDRESS	8912 MISTY CREEK DRIVE	
CITY-ST-ZIP	SARASOTA FL 34242		4.4 CITY-ST-ZIP	SARASOTA, FL 34241	
TITLE	VPD	☒ DELETE	5.1 TITLE	VPD	☒ Change ☐ Addition
NAME	SCHNELL, INA		5.2 NAME	WURTS, ROBBIE	
STREET ADDRESS	P.O. BOX 9810 N/A		5.3 STREET ADDRESS	3704 SANDSPUR LANE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228		5.4 CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	TD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DUPONT, E.K.		6.2 NAME		
STREET ADDRESS	24 N. CASEY KEY RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	OSPREY FL 34229		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: E.K. DUPONT SIGNATURE REQUIRED 2-23-99 (941) 966-4152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #