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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N18166

1. Corporation Name

SOUTHFIELD SUBDIVISION MAINTENANCE AND PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5550 BEE RIDGE ROAD SUITE E-3 SARASOTA FL 34233 US	5550 BEE RIDGE ROAD SUITE E-3 SARASOTA FL 34233 US

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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/10/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0035924 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MANAGEMENT CONCEPTS OF SARASOTA COUNTY INC
5550 BEE RIDGE ROAD
SUITE E-3
SARASOTA FL 34233

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	VD	☒ DELETE	1.1 TITLE	VD	☐ Change ☒ Addition
NAME	LIEBEL, STEVE		1.2 NAME	MCCAMPBELL, JAMES	
STREET ADDRESS	4739 SPRING MEADOW LANE		1.3 STREET ADDRESS	4712 SPRING MEADOW LANE	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	PD	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	VINCENT, SHEILA		2.2 NAME	EDWARDS, DORIS	
STREET ADDRESS	4714 MEADOWVIEW CIR		2.3 STREET ADDRESS	4602 MEADOWVIEW CIRCLE	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOUSE, DAVID		3.2 NAME		
STREET ADDRESS	4729 MEADOWVIEW CIR		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34233		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	MANGIE, JAMES		4.2 NAME		
STREET ADDRESS	4699 SPRING MEADOW LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34233		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SIMPSON, KITTY		5.2 NAME		
STREET ADDRESS	4730 MEADOWVIEW CIR		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: Joan DURHAM RECEIVED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #