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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N41855 (0)
 1. Corporation Name
EAST VILLAGE CART OWNERS ASSOCIATION INC.



Principal Place of Business 3056 CROWN HERON PT. VENICE FL 34293	Mailing Address 3056 CROWN HERON PT. VENICE FL 34293
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3. Date Incorporated or Qualified
01/29/1991

4. FEI Number 65-0254032	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 3173 Night Heron Ln.	2a. Mailing Address 26 3173 Night Heron Ln.
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State 23 Venice, FL	City & State 28 Venice, FL
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7. Is this nonprofit corporation a homeowners association?
 Yes No

Zip 24 34293	Country 25 USA	Zip 29 34293	Country 30 USA
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
SAURMAN, PAUL
3173 NIGHT HERON LANE
VENICE FL 34293

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

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MANLEY, WILLIAM D.
STREET ADDRESS	3056 CROWN HERON PT.
CITY-ST-ZIP	VENICE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SAURMAN, PAUL
STREET ADDRESS	3173 NIGHT HERON LANE
CITY-ST-ZIP	VENICE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MARINO, PAUL T.
STREET ADDRESS	1485 QUAIL LAKE DRIVE
CITY-ST-ZIP	VENICE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Welsh, Albert
1.3 STREET ADDRESS	1738 Killdeer Circle
1.4 CITY-ST-ZIP	Venice, FL 34293
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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.

SIGNATURE: *Lawrence T. ...* **TOP ASSURED** Jan. 13, 1998 (941) 493-8691

CR2E037 (10/97)