

FILE NOW: FILING FEE IS \$61.25

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Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 1148902

1. Corporation Name
The Shells on Siesta Key Condominium Association, Inc

Principal Place of Business	Mailing Address
<u>306 Beach Rd</u>	<u>← same</u>
<u>Sarasota FL 34242</u>	<u>U.S.</u>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <u>5/15/92</u>	3a. Date of Last Report <u>2-13-96</u>
4. FEI Number <u>65-0363836</u>	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

Ruth O'Brien
306 Beach Road
Sarasota FL 34242

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

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	<u>P/D O'BRIEN RUTH</u>
STREET ADDRESS	<u>306 Beach Rd</u>
CITY- ST- ZIP	<u>SARASOTA FL 34242</u>
TITLE	☐ DELETE
NAME	<u>V/D O'BRIEN JOHN</u>
STREET ADDRESS	<u>306 BEACH RD</u>
CITY- ST- ZIP	<u>SARASOTA FL 34242</u>
TITLE	☐ DELETE
NAME	<u>S/D MCKNIGHT ROBERT</u>
STREET ADDRESS	<u>312 BEACH RD</u>
CITY- ST- ZIP	<u>SARASOTA FL 34242</u>
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	<u>200002127842</u>
5.3 STREET ADDRESS	<u>-03/28/97--01139--035</u>
5.4 CITY- ST- ZIP	<u>***61.25</u>
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do 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: Ruth O'Brien RUTH O'BRIEN 2.13.97 349.8221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)