## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** #

2. Principal Place of Business

Suite, Apt. #, etc

O'BRIEN, RUTH

306 BEACH RD SARASOTA FL 34242

City & State

21

(3)

2a. Mailing

City & State

27

28

THE SHELLS ON SIESTA KEY CONDOMINIUM ASSOCIATION , INC.

Principal Place of Business Mailing Address **306 BEACH ROAD 306 BEACH ROAD** SARASOTA FL 34242 **SARASOTA** 

BEACH ROAD RASOTA FL 34242	3. Date Incorporated or Qualified 05/15/1992			
	4. FEI Number	Applied For		
	65-0363836	Not Applicable		
Mailing Address	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Suite, Apt. #, etc.	6. Election Campaign Financing	\$5.00 May 8e		

Country 24 25 29 9. Name and Address of Current Registered Agent

Street Address (P.Q. Box Number is Not Acceptable)

Trust Fund Contribution

7. Is this nonprofit corporation a homeowners association?

Yes

Yes

This corporation owes or has paid the current year Intangible

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84	citySarasota	FL 85 34	Ž <sup>e</sup> L

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

**FILED** 

Feb 17 1998 8:00am

Secretary of State

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

Country

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agent. I a	m familiar with, and accept the obligations of, S	ection 617.0503, Flo	orida Statutes.			
SIGNATURE _	Signature, typed or printed name of registered agent and title if a	oolicable (NOT)	E: Registered Agent signature requir	red when reinstation)	DATE	
12.	OFFICERS AND DIRECTORS		13.		/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change	Addition
NAME	O'BRIEN, JOHN		1.2 NAME			
STREET ADDRESS	306 BEACH RD.		1.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34242		1.4 CITY-ST-ZIP			
TITLE	PD	DELETE	2.1 TITLE		☐ Change	Addition
NAME	O'BRIEN, RUTH		2.2 NAME			
STREET ADDRESS	306 BEACH RD.		2.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34242		2. 4 CITY - ST - ZIP			
TITLE	SD	DELETE	3.1 TITLE		☐ Change	Addition
NAME	MCKNIGHT, ROBERT		3.2 NAME			
STREET ADDRESS	312 BEACH RD.		3.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34242		3.4. CITY - ST - ZIP			
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TIYLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-7IP			S A CITY - ST - 7IP			

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:

O'Brien

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