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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

N94000002624 (4)

CATTLEMEN CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2750 STICKNEY POINT RD. SARASOTA FL 34231

2750 STICKNEY POINT RD.



	L 34231	SARASOTA FL 34231						
						3. Date incorporated or Qualified 05/20/1994	3a. Date of Last 02/07/1	Report 995
_	ace of Business	2a. Mailing Address				4. FEI Number		Applied For
11		26				0570530403		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1 7	Additional Required
City & State	•	City & State	-			6. Election Campaign Financing		<b>0</b> Мау Ве
Zip	Country	28 Zip	Cour	intry		Trust Fund Contribution	Adde	d to Fees
·4	25	29	30			8. This corporation has liability for in Ftorida Statutes	itangibie tax under s. ]Yes □ No	199.032,
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered Agent	
				81 Name				
	el, robert s jr		82 Street Addre		reet Addre	ess (P.O. Box Number is Not Acceptable	e)	
1444 1S					, ror con , to most to the trace , to option			
SARASO	TA FL 34236			83				
			<u> </u>	<b>84</b> C	ty		FL 85 Zi	p Code
SIGNATURE _	th, and accept the obligations of, Section  Sgnature, typed or printed name of registered agent a  OFFICERS AND	nd title Lappicable (No		Agent sig	ature required	when reinstating)  ADD/TIONS/CHANGES 10 OFFICE	DATE	XCsC: IKI 40
TITLE	DV OFFICERS AND	DELETE	1.1 TII	T   C	<del></del>	ADDITIONS/CHANGES TO DEFIC		
NAME	DOOLEY, WILLIAM R	Deteit	1.1 NA				Change	Addition
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CITY - ST - ZIP	SARASOTA FL 34231			TY-ST-ZI				
TITLE	DP	DELETE	2 1 717				Change	☐ Addition
NAME	TRUITT, DAVIT		2 2 NA	ME				
	2750 STICKNEY POINT RD.							
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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:

Mandy TWA

SHATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phor

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