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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT-OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N9400002624 (4)

CATTLEMEN CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

FILED
May 29 1997 8:00am
Secretary of State



| 2750 STICKNEY POINT RD. SARASOTA FL 34231 | | 2750 STICKNEY POINT RD. SARASOTA FL 34231-8017 | | | | | | |
|--|---|---|--|---------------------------------------|--|---------------------------------------|------------------------------|--|
| | | • | | : | 3. Date incorporated or Qualified 05/20/1994 | 3a. Date of L. 05/0 | ast Report 1/1996 | |
| 2. Principal Place | | 28 Mailing Address | Frem | 10 10 | 4. FEI Number | | Applied For | |
| 21 999-CA | ATTlemen Rd | 26 11 20 20 20 20 20 20 20 20 20 20 20 20 20 | icche | Y IW | 65-0536403 | | Not Applicable | |
| Suite, Apt #, e | TG | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | 1 1 7 . | 75 Additional se Required | |
| City & State | | City & State | ナノ | | 6. Election Campaign Financing | | .00 May Be | |
| 23 SARAS | | 28 24(74 50) 4 | Country | | Trust Fund Contribution | ···· ···· ··· ··· ··· · · · · · · · · | ided to Fees | |
| Zip 2111 2 4 | Country | 34272 5 | Country | acola | 8. This corporation has liability for it | ntangible tax un:] Yes : : : : No | der s. 199.032, | |
| 24 342 32 9 | こ 25 <u>SAA A SO / A</u> Name and Address of Current I | | U LAN | 10014 | 10. Name and Address of New Reg | | | |
| | | | 81 | Name | | | | |
| MCDANIEL, ROBERT S JR | | | 62: Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 1444 1ST S | | . 02 | SUBBLAGO | ress (F.O. Box Number is Not Acceptab | .6) | | | |
| SARASOTA | | | 83 | | | | | |
| | | | 84 | City | | FI 85 | Zip Code | |
| 11. Pursuant to the | ne provisions of Sections 617.0502 | and 617.1508, Florida Statutes Florida, Such change was au | , the above | e-named corp the corporal | poration submits this statement for the pr | urpose of chang | ing 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 DATE | | | | | | | | |
| 12. | OFFICERS AND | | 13. | ani edharre sedor | ADDITIONS/CHANGES TO OFFIC | | CTORS IN 12 | |
| | DV | L DELETE | 1.1 TITLE | T 4 | PRESIDENTO. | | ange Addition | |
| | DOOLEY, WILLIAM R | | 1.2 NAME | | D SUNderhAUS | ; V | 2 | |
| | 2750 STICKNEY POINT RD. | | 1.3 STREET | ADDRESS 9 | 99-0 Cattlemen Rd | |] [[| |
| | SARASOTA FL 34231 | | 1.4 CITY-5 | i - zip 5 | ARASOTA FI 3423 | 32 | } } | |
| | DP | G DELETE | 2.1 TITLE | | ice President/O | hier to Cha | ange Addition C | |
| | | | 2.2 NAME | · · | Randall R Ragan | | | |
| | 2750 STICKNEY POINT RD. | | 2.3 STREET | ADDRESS C | 199 Deathemenina | X · | | |
| | SARASOTA FL 34231 | | 2.4 CITY- | ST-ZIP | SCEPE ITUTURES EN CO | | | |
| i ' | DST | DELETE | 3.1 TITLE | 5 | ec/Thensun D | Cha | ange Addition | |
| | SMITH, KENNETH D | | 3.2 NAME | 5 | ARA B SUNDERHAV | ارة | | |
| | 2750 STICKNEY POINT RD. | | 3.3 STREET | ADDRESS S | 199- & CATTLEMEN | | | |
| | SARASOTA FL 34231 | Libriere | 3.4. CITY - | ST-ZIP | SARASOTA FI 342 | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | ĺ | | ∐ Che | ange L. Addition | |
| NAME STOCKY ADDRESS | | | 4.2 NAME | | | | | |
| STREET ADDRESS DITY-ST-ZIP | | | 4.3 STREET | | | | | |
| TITLE | | DELETE | 4.4 CITY-S 5.1 TITLE | IT - ZIP | | Cha | anno Addition | |
| NAME | | ET DECENT | | | | C/16 | ange L. Addition | |
| STREET ADDRESS | | | 5.2 NAME 5.3 STREET | ADDDECC | • | | | |
| CITY-ST-ZIP | | | | | | | <u> </u> | |
| TITLE | | ☐ DELETE | 5.4 CITY-S 6.1 TITLE | 1-219 | | Cha | ange Addition | |
| NAME | | | 6.2 NAME | f | | L U110 | | |
| STREE I ADDRESS | | | 63 STREET | ADDRESS # | 1 | | | |
| CHTY-ST-ZIP | 8. *** | | 6.4 CITY-S | - 41 | 1 | | | |
| 14. Ldo hereby ce | ertify that the information supplied v | vith this filing does not qualify | or the eve | motion states | d 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. MANAGONARON ARRANGED (1/24/1 /90) 2/0077/1 | | | | | | | | |
| SIGNATURE: UNU TO ANNOUNCE STATE OF THE STAT | | | | | | | | |