NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N97000006783

1. Corporation Name

SAILBOAT SQUARE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address	
444 GULF OF MEXICO DR STE 100 LONGBOAT KEY FL 34228	1900 RINGLING BLVD. SARASOTA FL 34236	

Apr 14, 1999 8:00 am Secretary of State

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LONGBOAT KE	EY FL 34228	Ů.						Ju ni 18 00 19 00	. 4 /11/ 1 44		
2. Principal P	lace of Business	2a.	Mailing Address				3. Date Incorporated or Qualifed				
21		26					12/04/1997				
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				4. FEI Number	00/00	<i>,</i> Ц	Applie	d For
-		27					-APPLIED FOR- 65-D	886800	<u> </u>	Not Ap	plicable
City & Stat	te .	28	City & State				5. Certifcate of Status Desired			5 Addi Requi	. ,
Zip	Country	120,	Zip	Coun	itry		6. Election Campaign Financing		\$5.0	0 Ма	y Be
24	25	29];	30			Trust Fund Contribution		Adde	ed to F	ees
	9. Name and Address of Current	t Regis	stered Agent	•			10. Name and Address of New R	egistered A	gent		
					81	Name				•	
DUMBALIO	GH, JOHN D ESQUIRE			+	82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)			
	GLING BLVD.				~	Olidet Addit	BBS (1 15: BBX Hamber to Her ribbeha	,			
	'A FL 34236			-	83						
SALASOI	A FL 34230			-	84	City		*	85 Z	ip Cod	
					_		_	<u>FL</u>		·	
office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State of am familiar with, and accept the obligat	of Floric ions of	da. Such change was au , Section 617.0503, Flori	tnorized ida Statu	by tes.	tne corporatio	in s board of directors. Thereby accep	t tile appoin	ment as	regist	ered
0.0.4.7.07.2	Signature, typed or printed name of registered agent				\gen	nt signature required		DATE	OIDEO	TODO	101.40
12.	OFFICERS AN	D DIRE		13.			ADDITIONS/CHANGES TO OFF	ICERS AND			
TITLE	PD		☐ DELETE	1.1 TITL	Æ	1			[] Chan	ge (Addition
NAME	EAGAN, W. SHANE			1.2 NAM	Æ	ŀ					
STREET ADDRESS	1900 RINGLING BLVD.			1.3 STF	REET	T ADDRESS					
CITY-ST-ZIP	SARASOTA FL 34236			1.4 CIT	Y-\$1	T-ZIP					
TITLE	VPD		☐ DELETE	2.1 TITI	Æ				Chan	ge i	Addition
NAME	RASMUSSEN, A. THOMAS		9	2.2 NA	ИE						
STREET ADDRESS				2.3 STF	REET	TADDRESS					
CITY-ST-ZIP -	SARASOTA FL 34236			2.4 CIT	TY-8	ST-ZIP					
TITLE	ATD.		☐ DELETE	3.1 TITE					Chan	ge	Addition
NAME	SCHLOSSHAN, HANS			3.2 NA	WE						
STREET ADDRESS				3.3 STF	REET	T ADDRESS					
CITY-ST-ZIP	LONGBOAT KEY FL 34228			3.4. CIT				•			
TITLE			☐ DELETE	4.1 TET	_				Chan	ge	Addition
NAME				4. 2 NA	ME						
STREET ADDRESS				4.3 STF	REET	TADORESS					
CITY-ST-ZIP				4.4 CIT	Y-\$1	T-ZIP					
TITLE			☐ DELETE	5.1 Titl	LE,				Chan	ge	Addition
NAME)			5.2 NA	ME						
STREET ADDRESS				5.3 STF	REET	TADDRESS					
CITY-ST-ZIP				5.4 CIT	Y-\$1	T-ZIP	·				
TITLE			☐ DELETE	6.1 TITI	Ė				Chan	ge	Addition
NAME				6.2 NA	ME	f					
STREET ADDRESS				6.3 STF	REET	TADDRESS					
CITY-ST-ZIP	<u> </u>			6.4 CIT	Y-51	T-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 or all attachment with an address, with all other like empowered.

SIGNATURE: