


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90401 041 ****61.25

DOCUMENT # N97000006783

1. Entity Name
SAILBOAT SQUARE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**444 GULF OF MEXICO DR
 STE 100
 LONGBOAT KEY, FL 34228 US**

Mailing Address
**1900 RINGLING BLVD.
 SARASOTA, FL 34236**

2. Principal Place of Business
442 Gulf of Mexico Dr

3. Mailing Address
442 Gulf of Mexico Dr.

Suite, Apt. #, etc.

City & State
Longboat Key FL

City & State
Longboat Key FL

Zip
34228

Country
US



04282004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0886806

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DUMBAUGH, JOHN D ESQUIRE
 1900 RINGLING BLVD.
 SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name
MARK MASNBURN

Street Address (P.O. Box Number Not Acceptable)
442 Gulf of Mexico Dr.

City
Longboat Key

State
FL

Zip Code
34228

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Mark Masnburn** (NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EAGAN, W. SHANE 1900 RINGLING BLVD. SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RASMUSSEN, A. THOMAS 1900 RINGLING BLVD. SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAUNDERS, MICHAEL 440 GULF OF MEXICO DR LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD mark mashburn 442 GULF of Mexico Dr. Longboat Key FL 34228	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Thomas R. NOLMES 444 GULF of Mexico Dr. Longboat Key, FL 34228	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Saunders, Michel 440 GULF of Mexico Dr Longboat Key, FL 34228	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Mark Masnburn** (Signature and typed or printed name of signing officer or director)

Date: **4/29/04** Daytime Phone #: **941.387-9449**