


FILE NOW: FILING FEE IS \$61.25

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Mar 17, 1999 8:00 am  
Secretary of State

03-17-1999 90131 040 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000007188

1. Corporation Name  
SCIBC NORTH LAND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 635 SOUTH ORANGE AVENUE #16 SARASOTA FL 34236	Mailing Address 635 SOUTH ORANGE AVENUE #16 SARASOTA FL 34236
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/21/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number Applied For
City & State 23	City & State 28	5. Certificate of Status Desired \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent RICHARDSON, ROBERT A 635 SOUTH ORANGE AVENUE #16 SARASOTA FL 34236	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2	
TITLE	VD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCH, CHARLES E	12 NAME	
STREET ADDRESS	436 BAYSHORE DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34285	14 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAMMER, FREDERICK L	22 NAME	
STREET ADDRESS	2210 CASEY KEY ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL 34275	24 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, ROBERT A	32 NAME	
STREET ADDRESS	635 SOUTH ORANGE AVENUE #16	33 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 1/19/98 941-365-9191  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)