

DOCUMENT # N99000006875

1. Entity Name

GIANNINI PLACE HOMEOWNER'S ASSOCIATION, INC. *R*

Principal Place of Business

1600 ANCHORAGE ST.  
SARASOTA FL 34231

Mailing Address

1600 ANCHORAGE ST.  
SARASOTA FL 34231

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65 098 9679

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REINICKE, STEPHANIE A ESQ.  
1800 2ND. STREET, STE. 803  
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name: JACK HORNER  
Street Address (P.O. Box Number is Not Acceptable): 1600 ANCHORAGE ST  
City: SARASOTA FL Zip Code: 34231

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE <input checked="" type="checkbox"/> D	D	GIANNINI, GIUSEPPE	4945 SAWYER RD. SARASOTA FL 34233
TITLE <input checked="" type="checkbox"/> D	D	HORNER, JACK	1600 ANCHORAGE ST. SARASOTA FL 34231
TITLE <input checked="" type="checkbox"/> D	D	HORNER, PAT	1600 ANCHORAGE ST. SARASOTA FL 34231
TITLE	<input type="checkbox"/> Delete		
TITLE	<input type="checkbox"/> Delete		
TITLE	<input type="checkbox"/> Delete		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/00 941 924 5733

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)