


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **742188** (6)  
1. Corporation Name  
**GRENCROFT CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
<b>2828 PROCTOR ROAD SARASOTA FL 34231 US</b>	<b>2828 PROCTOR ROAD SARASOTA FL 34231 US</b>

3. Date Incorporated or Qualified

**03/24/1978**

4. FEI Number

**59-1724685**

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 2848 Proctor Road**  
Suite, Apt. #, etc.

**26 2848 Proctor Road**  
Suite, Apt. #, etc.

**22**  
City & State  
**23 Sarasota, FL**

**27**  
City & State  
**28 Sarasota, FL**

**24 34231**  
Zip

**25 USA**  
Country

**29 34231**  
Zip

**30 USA**  
Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER MANAGEMENT SERVICES, INC.  
2828 PROCTOR ROAD  
SARASOTA FL 34231**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)  
**2848 Proctor Road**

**83**

**84** City

**FL**

**85** Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

**4/8/98**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GLASSER, RONA</b>	
STREET ADDRESS	<b>4911 GRENCROFT RD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34235</b>	

1.1 TITLE	<b>P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Sam Pravica</b>	
1.3 STREET ADDRESS	<b>4971 Greencroft Road</b>	
1.4 CITY-ST-ZIP	<b>Sarasota, FL 34235</b>	

TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HAMANN, WILLIAM</b>	
STREET ADDRESS	<b>4959 GRENCROFT RD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34235</b>	

2.1 TITLE	<b>V/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Herb Welsh</b>	
2.3 STREET ADDRESS	<b>4923 Greencroft Road</b>	
2.4 CITY-ST-ZIP	<b>Sarasota, FL 34235</b>	

TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>KELLET, BETH</b>	
STREET ADDRESS	<b>4983 GRENCROFT RD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34235</b>	

3.1 TITLE	<b>T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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.

SIGNATURE:

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

**04/08/98**  
DATE

CR2E037 (10/97)