

DOCUMENT # 751578

S.L. CONDOMINIUM ASSOCIATION, INC.



2198 PRINCETON ST. #20
SARASOTA FL 34237

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SARASOTA FL 34237

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Country

4. FEI Number **59-2093484**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

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	D	<input type="checkbox"/> Delete
NAME	DUFFY, JIM	
STREET ADDRESS	321 SPRING LAKES BLVD.	
CITY-ST-ZIP	BRADENTON FL 34210	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MARVIN, RICHARD	
STREET ADDRESS	300 SPRING LAKES BLVD	
CITY - ST - ZIP	BRADENTON FL 34210-	

TITLE	SD	<input type="checkbox"/> Delete
NAME	PERKS, BARBARA	
STREET ADDRESS	315 SPRING LAKES BLVD	
CITY - ST - ZIP	BRADENTON FL 34210	

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCKILLOP, HUGH	
STREET ADDRESS	309 SPRING LAKES BLVD	
CITY-ST-ZIP	BRADENTON FL 34210	

TITLE	VD	<input type="checkbox"/> Delete
NAME	WINTER, THERESA	
STREET ADDRESS	310 SPRING LAKES BLVD	
CITY - ST - ZIP	BRADENTON FL 34210	

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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: HUGH Mc KILLIP HUGH Mc KILLIP PRES 3/17/03 (941) 366-8480

CR2E037 (10/02)