

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000007188

**Entity Name:** SCIBC NORTH LAND CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 17, 2016**  
**Secretary of State**  
**CC3330632237**

**Current Principal Place of Business:**

1530 DOLPHIN STREET  
SUITE 4  
SARASOTA, FL 34236

**Current Mailing Address:**

PO BOX 2879  
SARASOTA, FL 34230

**FEI Number:** 65-0888856

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHAFER, JENNIFER L  
1530 DOLPHIN STREET  
SUITE 4  
SARASOTA, FL 34236 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name SHAFER, JENNIFER  
Address 1530 DOLPHIN ST  
SUITE 4  
City-State-Zip: SARASOTA FL 34236

Title PRESIDENT  
Name TIMONEY, JOHN  
Address PO BOX 91  
City-State-Zip: NOKOMIS FL 34274

Title VICE PRES  
Name TIMONEY, CINDY  
Address PO BOX 91  
City-State-Zip: NOKOMIS FL 34274

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JENNIFER SHAFER

**SECRETARY**

**03/17/2016**

Electronic Signature of Signing Officer/Director Detail

Date