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Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 379257 (9)

1. Corporation Name
THE YELLOW BIRD OF ST. ARMANDS, INC.



Principal Place of Business

35 S BLVD OF THE PRESIDENTS
SARASOTA FL 34236

Mailing Address

35 S BLVD OF THE PRESIDENTS
SARASOTA FL 34236-1401

3. Date Incorporated or Qualified

03/22/1971

3a. Date of Last Report

02/27/1996

4. FEI Number

59-1350607

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 640 S. WASHINGTON BLVD

Suite, Apt. #, etc.

22 STE 230

City & State

23 SARASOTA FLORIDA

Zip

24 34236

Country

25 U.S.A.

2a. Mailing Address

26 640 S. WASHINGTON BLVD

Suite, Apt. #, etc.

27 STE 230

City & State

28 SARASOTA FLORIDA

Zip

29 34236

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

CARMEL JOANN R
35 S.BLVD. OF PRESIDENTS
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

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

640 S. WASHINGTON BLVD

83 STE 230

84 City SARASOTA

FL

85 Zip Code

34236

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of person named in registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GLENN, HAZEL H
STREET ADDRESS 35 S.BLVD. OF PRESIDENTS
CITY-ST-ZIP SARASOTA FL

☐ DELETE

TITLE VD
NAME CARMEL JOANN R
STREET ADDRESS 35 S.BLVD. OF PRESIDENTS
CITY-ST-ZIP SARASOTA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 640 S. WASHINGTON BLVD STE 230

1.4 CITY-ST-ZIP SARASOTA FL 34236

2.1 TITLE PD ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 640 S. WASHINGTON BLVD STE 230

2.4 CITY-ST-ZIP SARASOTA FL 34236

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Joann R Carmel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 MAY 25 / 97 941
388-1822
Daytime Phone #

CR2E034 (9/96)