FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthan:

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

FILED Feb 06 1998 8:00am Secretary of State

THE SANASOTA BRETHNEI							
Principal Place of Business	Mailing Address	3. Date Incorporated or Qualified 05/09/1967					
4201 BAHIA VISTA STREET SARASOTA FL 34232-2425	4201 BAHIA VISTA STREET SARASOTA FL 34232-2425						
		4. FEI Number	Applied For				
		59-1992150	Not Applica				
2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired	\$8.75 Additional				

Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. **\$5.00** May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes Yes Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent

WOOMERT, LARRY L 5745 STONE POINTE DR. SARASOTA FL 34233

	l	10. Name and Address of New Registered A	gent		
	81	Name			
į	82	Street Address (P.O. Box Number is Not Acceptable)		·	
	83			<u>11</u>	
į	84	City	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

agent. I a	egistered agent, or both, in the State of Florida. Such im familiar with, and accept the obligations of, Secti	on 617.0503, Flori	da Statutes.	rporation's board or d	rectors, i nereby accept the	s appointment as	s registered
SIGNATURE .	Signature, typed or printed name of registered agent and title if applica	hia (NOTE F	Registered Agent signatur	e required when reinstating)		ATÉ	
12.	OFFICERS AND DIRECTORS		13.		S/ÇHANGES TO OFFICERS	··-	RS IN 12
TITLE	P	DELETE	1.7 TITLE	1		☐ Change	Addition
NAME	WOOMERT, LARRY L		1.2 NAME				
STREET ADDRESS	5745 STONE POINTE DRIVE		1,3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34233		1.4 CITY-ST-ZIP				
TITLE	D	DELETE	2.1 TITLE			Change	Addition
NAME	JOSEPH WITT		2.2 NAME	-			
STREET ADERESS	5427 COLONIAL OAKS BLVD		2.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY - ST - ZIP	<u> </u>			
TITLE	D	DELETE	3.1 TITLE			☐ Change	Addition
NAME	PERRY, ROY		3.2 NAME				
STREET ADDRESS	7520 MEMORIAL DR.		3.3 STREET ADDRESS	ì			
CITY-ST-ZIP	PORT CHARLOTTE FL 33981	<u> </u>	3.4. CITY-ST-ZIP				
TITLE	D	DELETE	4,1 TITLE			Change	Addition
NAME	LANDIS, OMAR J	İ	4. 2 NAME				
STREET ADDRESS	4141 BAHIA VISTA COURT		4.3 STREET ADDRESS	1			
CITY-SI-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	 			
YALE	D	☐ DELETE	5.1 TITLE	1		Change	Addition
NAME .	SHENK, CLAIR J		5.2 NAME				
STREET ADDRESS	5816 CAMEBT DR. S.		5.3 STREET ADDRESS	1			
CITY-ST-ZIP	SARASOTA FL 34233		5.4 CITY - ST-ZIP				
TITLE		DELETE	6.1 TITLE	U G	0.1	Change	Addition
NAME			6.2 NAME	Hrthen	Earl Circle		
*T ADDRESS	•		6.3 STREET ADDRESS	19812 Ch	alet livele		

not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an powered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in