

5-19-97 B-7503
 FILE NOW: FILING FEE IS \$61.25

FILED
 May 19 1997 8:00am
 Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 716742 (2)
 1. Corporation Name
SUNLAND GARDENS ASSOCIATION, INC.



| | |
|---|---|
| Principal Place of Business 1801 GLENGARY STREET SARASOTA FL 34231-0803 | Mailing Address 1801 GLENGARY STREET SARASOTA FL 34231-3603 |
|---|---|

| | |
|---|--|
| 3. Date Incorporated or Qualified 06/16/1969 | 3a. Date of Last Report 04/10/1996 |
| 4. FEI Number 59-1317375 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 | 29 |
| 25 | 30 |

9. Name and Address of Current Registered Agent
**CONDOMINIUM MANAGEMENT INC
 1801 GLENGARY STREET
 SARASOTA FL 34231**

10. Name and Address of New Registered Agent

| | | |
|---|----|-------------|
| 81 Name | | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | HURLBURT, MILDRED | |
| STREET ADDRESS | 3751 S SCHOOL AVE, #31 | |
| CITY-ST-ZIP | SARASOTA FL 34239 | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | MORAN, JOAN ANN | |
| STREET ADDRESS | 3755 S SCHOOL AVE, #44 | |
| CITY-ST-ZIP | SARASOTA FL 34239 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | MCMILLAN, BETTE | |
| STREET ADDRESS | 3755 S SCHOOL AVE, #50 | |
| CITY-ST-ZIP | SARASOTA FL 34239 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | DZURY, BETTIE | |
| STREET ADDRESS | 3751 S SCHOOL AVE, #21 | |
| CITY-ST-ZIP | SARASOTA FL 34239 | |
| TITLE | AS | <input type="checkbox"/> DELETE |
| NAME | CLARK, P. RICHARD | |
| STREET ADDRESS | 1801 GLENGARY ST | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | AT | <input type="checkbox"/> DELETE |
| NAME | CLARK, PAUL R JR | |
| STREET ADDRESS | 1801 GLENGARY ST | |
| CITY-ST-ZIP | SARASOTA FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 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 | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 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 | |

SEE ATTACHED

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

SIGNATURE: *P. Richard Clark* Date: *4/22/97*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **P. Richard Clark** Daytime Phone #: **941-921-5393**

CR2E037 (9/96)

SLG**Sunland Gardens Association, Inc.**

Page: 1

Manager PRC

*Local Address*Date Printed: 3/4/97
Alternate Address

P/D

Ms. Mildred Hurlburt
3751 S. School Ave. #31
Sarasota, FL 34239

V/D

Mr. Andrew F. Kuha
3709 S. School Ave. #5
Sarasota, FL 34239

S/D

Mrs. Bette McMillan
3755 S. School Ave., #50
Sarasota, FL 34239

T/D

Ms. Bettie Dzury
3751 S. School Ave. #21
Sarasota, FL 34239

AS

Mr. P. Richard Clark

AT

Mr. Paul R. Clark Jr.