FILE NOW: FILING FEE IS $61.25

FILED
Mar 04, 1999 8:00 am
Secretary of State
03-04-1999 90222 024 ****61.25

0067021

. NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **724392**

1. Corporation Name
PRIVATEER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1050 LONGBOAT CLUB ROAD LONGBOAT KEY FL 34228 US	1050 LONGBOAT CLUB LONGBOAT KEY FL 34228 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/20/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1540826 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing ☐ *Trust Fund Contribution* **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

~~LEIGHTON, NANCY E~~
~~1050 LONGBOAT CLUB ROAD~~
~~LONGBOAT KEY FL 34228~~

G CURLESS D/B/A
CONDO KEEPERS
630 S ORANGE AV
SARASOTA, FL 34236

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 Jerry Curless 2/4/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NAPOLIELLO, RUTH		1.2 NAME		
STREET ADDRESS	1050 LONGBOAT CLUB RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY FL		1.4 CITY-ST-ZIP		
TITLE	DR	☑ DELETE	2.1 TITLE	DR	☐ Change ☑ Addition
NAME	ISAACS, SANDRA		2.2 NAME	KARREL, ISAAC	
STREET ADDRESS	1050 LONGBOAT CLUB ROAD		2.3 STREET ADDRESS	1050 LONGBOAT CLUB RD	
CITY-ST-ZIP	LONGBOAT KEY FL		2.4 CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	SD	☑ DELETE	3.1 TITLE		☐ Change ☑ Addition
NAME	STEIN, BENJAMIN		3.2 NAME	KECHRIOTIS, JOHN	
STREET ADDRESS	1050 LONGBOAT KEY CLUB ROAD		3.3 STREET ADDRESS	1050 LONGBOAT CLUB RD	
CITY-ST-ZIP	LONGBOAT KEY FL		3.4 CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JENNINGS, CHRIS		4. 2 NAME		
STREET ADDRESS	1050 LONGBOAT CLUB RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ERICKSON, DAVID		5.2 NAME		
STREET ADDRESS	1050 LONGBOAT CLUB RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: Jerry Curless SIGNATURE REQUIRED 2/4/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)