FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

736863

(2)

PALM-AIRE AT SARASOTA CONDOMINIUM ASSOCIATION "B

, INC								
Principal Place of Business Mailing Address							YKOLI OYON UKUK UKUN O	IIBII OHUII EUOI
2055 WOOD ST	T STE 202	2055 WOOD ST STE 202				Date Incorporated or Qualified		
POB 6165	84997 TOJE	POB 6165				09/23/1976		
SARASOTA FL	34231-7845	SARASOTA FL 34237-7945				4. FEI Number	A	pplied For
						59-1747273	N ₁	ot Applicable
2. Principal Pl	ace of Business	2a. Mailing Address					38.75	Additional
21		26				5. Certificate of Status Desired		equired
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00	May Be
22		27				Trust Fund Contribution Added to Fees		
City & State	9	City & State	ha '			7. Is this nonprofit corporation a homeowners association?		
23		Zip Country				☐ Yes ☐ No		
Zip	Country	Zip	-			8. This corporation owes or has paid the		
24	25 29 30 30 9. Name and Address of Current Registered Agent			Personal Property Tax due June 30. Yes V No 10. Name and Address of New Registered Agent				
	g. Hame and Address of Curre	mr Hodistelen Wasin		81 N	ame	10. Hamo and Address of New Regist	ered Agent	
DOODED	TV 6 ACCOUNTING MONT						·····	
PROPERTY & ACCOUNTING MGNT				82 Street Address (P.O. Box Number is Not Acceptable)				
2055 WOOD ST STE 202 SARASOTA FL 34237				83				
SAMO	71A FL 34237						·	
				84 C	ity		FL 85 Zip	Code
11. Pursuant t	to the provisions of Sections 617.05	302 and 617.1508, Florida Statu	tes, the al	DOVE-na	med corpo	ration submits this statement for the purp	ose of changing i	ts registered
office or re	egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Florida. Such change was	authorize	d by the	corporatio	n's board of directors. I hereby accept th	e appointment as	registered
SIGNATURE	Will, and doopt the oan	gations of, occupin 511.0000, 11	o lon o la	0103.				
	Signature, typed or printed name of registered a	gent and title if applicable (NO	TE Registere	Agent sig	nature required	when reinstating)	DATE	
12.	OFFICERS AI	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TI	TLE	D		Change ليجا	☐ Addition
NAME	ALBEGRO, RICHARD		1.2 NAME		A1	liegro, Richard		
STREET ADDRESS	1 1111 1111 1111		1.3 STREET ADDRESS		aess 78	880 Palm Aire Lane	#203	
CITY - ST - ZIP	SARASOTA FL		1.4 CI	TY-ST-ZI	Se	rasota, FL 34243		
TITLE	PD	⅓ DELETE	2.1 TI	TLE	DS	;	Change	Addition
NAME	GRICHTMEIER, SHIRLEY		2.2 N/	ME		nkleman, John		
STREET ADDRESS	7880 PALM AIRE LANE		2.3 ST	REET ADO	RESS 54	13 Palm Aire Drive	2	
CITY-ST-ZIP	SARASOTA, FL 00000			ITY-ST-ZI	P Sē	rasota, FL 34243		
TITLE	VD	☐ DELETE	3.1 TC				Change	☐ Addition
NAME	MARTIN, DENNIS		3.2 N/					
STREET ADDRESS	7820 PALM AIRE DR			reet add				
CITY-ST-ZIP	SARASOTA FL	☐ DELETE		ITY - ST - ZI	P		X Change	Addition
TITLE	SD MALE		4.1 (0.1)	-	J =	.ein, Paul	FS cuands	TT VODITION
NAME	KLEIN, PAUL		4. 2 N		1	18 Palm Aire Dr.		
STREET ADDRESS	5618 PALM AIRE DR SARASOTA, FL 00000			REET ADD		rasota, FL 34243		
CITY-ST-ZIP TITLE	TD	DELETE	4.4 Ct	TV-ST-ZIF			Change	Addition
NAME	LIBERI, VICTOR	CM percit	5.2 N/		T	D bildo Millian	C Originale	EE - MONION
STREET ADDRESS	5622 PALM AIRE DR.				arce 5	hilds, William 621 Palm Aire Dr.		}
CITY-ST-ZIP	SARASOTA FL			5.3 STREET ADDRES		arasota, FL 34243		
TITLE	WINDOIN I L	DELETE	6.1 TO		- 30	11430ta, FL 34243	Change	Addition
NAME			6.2 N/				ogo	
STREET ADDRESS				reet addi	necc			l
CITY-ST-7IP			•	rze i AUUI IVet. 716	ſ			ľ

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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone # 0065477

FILED

May 15 1998 8:00am

Secretary of State

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