

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90133 014 ****61.25

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DOCUMENT # 736863

1. Corporation Name

PALM-AIRE AT SARASOTA CONDOMINIUM ASSOCIATION "B", INC.

Principal Place of Business

Mailing Address

2055 WOOD ST STE 202
POB 6165
SARASOTA FL 34237-7945

2055 WOOD ST STE 202
POB 6165
SARASOTA FL 34237-7945



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/23/1976

4. FEI Number

59-1747273

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PROPERTY & ACCOUNTING MGNT
2055 WOOD ST STE 202
SARASOTA FL 34237

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME ALBEGRO, RICHARD
STREET ADDRESS 7880 PALM AIRE LANE, SUITE 203
CITY-ST-ZIP SARASOTA FL 34243

TITLE DS ☐ DELETE
NAME HINKLEMAN, JOHN
STREET ADDRESS 5413 PALM AIRE DR
CITY-ST-ZIP SARASOTA, FL 00000 34243

TITLE VD ☒ DELETE
NAME MARTIN, DENNIS
STREET ADDRESS 7820 PALM AIRE DR
CITY-ST-ZIP SARASOTA FL

TITLE PD ☒ DELETE
NAME KLEIN, PAUL
STREET ADDRESS 5618 PALM AIRE DR
CITY-ST-ZIP SARASOTA, FL 00000

TITLE TD ☐ DELETE
NAME CHILDS, WILLIAM
STREET ADDRESS 5621 PALM AIRE DR
CITY-ST-ZIP SARASOTA FL 34243

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE V/D ☒ Change ☐ Addition
2.2 NAME Hinkelman, John
2.3 STREET ADDRESS 5413 Palm Aire Dr.
2.4 CITY-ST-ZIP Sarasota, FL 34243

3.1 TITLE S/D ☐ Change ☒ Addition
3.2 NAME Von Steen, Donald
3.3 STREET ADDRESS 5615 Palm Aire Dr.
3.4 CITY-ST-ZIP Sarasota, FL 34243

4.1 TITLE T/D ☐ Change ☒ Addition
4.2 NAME Gurgold, Joan
4.3 STREET ADDRESS 5524 Palm Aire Dr.
4.4 CITY-ST-ZIP Sarasota, FL 34243

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)