

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -9 AM 9:23

DOCUMENT # 746946 (3)

1. Corporation Name

SARASOTA VILLAGE GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

630 S ORANGE AVE
STE 102
SARASOTA FL 34236
US

Mailing Address

630 S. ORANGE AVE.
SUITE 102
SARASOTA FL 34236
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1979

3a. Date of Last Report

03/22/1994

4. FEI Number

59-1964013

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONDO KEEPERS
630 S. ORANGE AVE.
SUITE 102
SARASOTA FL 34236

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD

NAME BRADY, VINCENT

STREET ADDRESS 4731 VILLAGE GARDENS DR.

CITY-ST-ZIP SARASOTA FL

TITLE VPD

NAME BUTLER, BOB

STREET ADDRESS 4814 VILLAGE GARDENS DR

CITY-ST-ZIP SARASOTA FL

TITLE SD

NAME SMITH, IDA

STREET ADDRESS 4808 VILLAGE GARDENS DR

CITY-ST-ZIP SARASOTA FL

TITLE TD

NAME LOUIS, JOSEPHINE

STREET ADDRESS 4953 VILLAGE GRDNS DR.

CITY-ST-ZIP SARASOTA FL

TITLE D

NAME HAMILTON, BRUCE

STREET ADDRESS 4740 VILLAGE GARDENS DR

CITY-ST-ZIP SARASOTA FL

TITLE D

NAME JILLSON, JILL

STREET ADDRESS 5080 VILLAGE GARDENS DR

CITY-ST-ZIP SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Note Goodman

1.3 STREET ADDRESS 4954 Village Gardens Drive

1.4 CITY-ST-ZIP Sarasota FL 34234

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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

Date

Signature Printed #