FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

SARASOTA FL

CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham.,

FILED

May 01 1997 8:00am

Secretary of State

Daytime Phone # 0061261

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 1. Corporation Name

746946

(3)

SARASOTA VILLAGE GARDENS CONDOMINIUM ASSOCIATION , INC.

Principal Place of Business		Maiing Address			İ	
630 S ORANGE AVE STE 102		690 S. ORANGE AVE.			}	
		SUITE 102				
SARASOTA FL 34236 US		SARASOTA FL 34236-7504 US		3. Date incorporated or Qualified 04/27/1979	3a. Date of Last Report 02/06/1996	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
h		}		59-1964013	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			60 75 Autoria - 1	
22		27			5. Certificate of Status Desired	Fee Regulred
City & State			City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	28		Trust Fund Contribution	Added to Fees
Zιρ	Country	Zip	Country		8. This corporation has liability for i	ntangible tax under s. 199.032,
24	25	29	30		Florida Statutes	Yes No
	g. Name and Address of Current Registered Agent				10. Name and Address of New Re	platered Agent
81 Name						Į
CONDO	CONDO KEEPERS				Address (P.O. Box Number is Not Acceptab	le)
630 S. I	Orange ave.		82			
SUITE 102			83			
SARASOTA FL 34236			84	City		85 Zip Code
		0 - 1 0 - 7 - e 00 - Florida 1 - 0 - 1				FL P P
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, typiod or printed risine of registered age	C 55 nt and tille if applicable (NO	TE Registered Ace		required when reinstating) 4/5	DE
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	·		Change Addition
NAME	BRADY, VINCENT		1.2 NAME			Ì
STREET ADDRESS	4731 VILLAGE GARDENS DR	•	1.3 STREET	ADDRESS		}
CITY-ST-ZIP	SARASOTA FL		1.4 CITY~S	T-21P		
TITLE	VPO	₩ DELETE	2.1 TITLE		JOE OBRIEN DIRECTO 4816 VILLAGE GARDE SARAGOTO FL	Change Addition
NAME	BUTLER, BOB		2.2 NAME		4811 W. Cont	Derve
STREET ADDRESS	4814 VILLAGE GARDENS DR	VILLAGE GARDENS DR		ADDRESS	1016 VILLAGE CARRE	01 13
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY -	ST-ZIP	SARAGOTA FL	
TITLE	SD	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME	SMITH, IDA	3.				
STREET ADDRESS	4806 VILLAGE GARDENS DR	OR Is		ADDRESS)
DITY-ST-ZIP	SARASOTA FL		3.4, CITY-	ST-ZIP		
TITLE	το	DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	LOUIS, JOSEPHINE		4. 2 NAME			
STREET ADDRESS	4953 VILLAGE GRDNS DR.		4.3 STREET	ADDRESS		
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-5	T-ZIP		
TITLE	V PD DIRCETOR	☐ DELETE	5.1 TITLE			Change Addition
NAME	HOLDEN, WILLIAM	i	5.2 NAME	;		
STREET ADDRESS	4740 VILLAGE GARDENS DR		5.3 STREET	ADDRESS		
CITY-ST-ZIP	SARASOTA FL		5.4 CITY - S	T- ZIP		
TITLE	D	DELETE	6.1 TITLE			Change Addition
NAME	ROSENECK, DIANE		6.2 NAME			j
STREET ADDRESS	4705 VILLAGE GARDENS DR		6.3 STREE	ADDRESS		

6.4 CITY-ST-ZIP 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 annual report with an address.