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 29, 1999 8:00 am
Secretary of State
04-29-1999 90186 028 ****61.25

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DOCUMENT # 746946

1. Corporation Name

SARASOTA VILLAGE GARDENS CONDOMINIUM ASSOCIATION , INC.

Principal Place of Business	Mailing Address
630 S ORANGE AVE STE 102 SARASOTA FL 34236 US	630 S. ORANGE AVE. SUITE 102 SARASOTA FL 34236 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/27/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1964013 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CONDO KEEPERS
630 S. ORANGE AVE.
SUITE 102
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 Jerry Curless 4-26-99
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	BRADY, VINCENT		1.2 NAME		
STREET ADDRESS	4731 VILLAGE GARDENS DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	O'BRIEN, JOE		2.2 NAME	O'BRIEN, JOE	
STREET ADDRESS	4816 VILLAGE GARDENS DR		2.3 STREET ADDRESS	4816 VILLAGE GARDENS DR	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCANDREW, ANN		3.2 NAME		
STREET ADDRESS	4991 VILLAGE GARDENS DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34234		3.4 CITY-ST-ZIP		
TITLE	TD	☐ 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-ST-ZIP		
TITLE	VD	☒ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	HOLDEN, WILLIAM		5.2 NAME	JACK BAKER	
STREET ADDRESS	4740 VILLAGE GARDENS DR		5.3 STREET ADDRESS	5069 VILLAGE GARDENS DR	
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SARGUT, STAN		6.2 NAME		
STREET ADDRESS	4722 VILLAGE GARDENS DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34234		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 4-26-99 9413514442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #