2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746946

FILED
Apr 07, 2000 8:00 am
Secretary of State
04-07-2000 90068 012 ****61.25

1. Entity Name

SARASOTA VILLAGE GARDENS CONDOMINIUM ASSOCIATION

Principal Place of Business	Mailing Address
639 S ORANGE AVE STE 102 SARASOTA FL 34236 US	690 S. ORANGE AVE. SUITE 102 SARASOTA FL 34236-7504 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5899 Whitfield Ave.	5899 Whitfield Ave.
Suite, Apt. #, etc.: Suite 107	Suite, Apt. #, etc.: Suite 107
City & State: SARASOTA FL	City & State: SARASOTA FL
Zip: 34243 Country: MANATEE SARASOTA	Zip: 34243 Country: MANATEE

4. FEI Number: 59-1964013 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CONDO KEEPERS 639 S. ORANGE AVE. SUITE 102 SARASOTA FL 34236	Name: ADVANCED MANAGEMENT, INC. OF SOUTHWEST FLORIDA Street Address (P.O. Box Numbers Not Acceptable): 5899 WHITFIELD AVE., SUITE 107 SARASOTA, FLORIDA 34243 City: TELEPHONE: (941) 359-1134 FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	☒ Delete	TITLE	SD ☐ Change xxx Addition
NAME	BRADY, VINCENT		NAME	Herbert, Ralph
STREET ADDRESS	4731 VILLAGE GARDENS DR.		STREET ADDRESS	4833 Village Gardens Dr.
CITY-ST-ZIP	SARASOTA FL		CITY-ST-ZIP	Sarasota, FL 34234
TITLE	D — VD	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	O'BRIEN, JOE		NAME	
STREET ADDRESS	4816 VILLAGE GARDENS DR — 4715		STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34234		CITY-ST-ZIP	
TITLE	SD — PD	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	MCANDREW, ANN		NAME	
STREET ADDRESS	4991 VILLAGE GARDENS DRIVE		STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34234		CITY-ST-ZIP	
TITLE	TD	☒ Delete	TITLE	TD ☐ Change xx ☒ Addition
NAME	LOUIS, JOSEPHINE		NAME	Rodriguez, Harry
STREET ADDRESS	4953 VILLAGE GRDNS DR.		STREET ADDRESS	4960 Village Gardens Dr.
CITY-ST-ZIP	SARASOTA FL		CITY-ST-ZIP	Sarasota, FL 34234
TITLE	D	☒ Delete	TITLE	D ☐ Change xxx Addition
NAME	BAKER, JACK		NAME	Bracken, Ed
STREET ADDRESS	5069 VILLAGE GARDENS DR		STREET ADDRESS	5070 Village Gardens Dr.
CITY-ST-ZIP	SARASOTA FL 34234		CITY-ST-ZIP	Sarasota, FL 34234
TITLE	D	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	SARGUT, STAN		NAME	
STREET ADDRESS	4722 VILLAGE GARDENS DRIVE 4730		STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34234		CITY-ST-ZIP	

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward McEwen JR EDWARD MCEWEN 3/17/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #