

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 751454 (0)**

1. Corporation Name

**PALM-AIRE AT SARASOTA CONDOMINIUM ASSOCIATION "D", INC.**



Principal Place of Business

Mailing Address

2055 WOOD ST - STE 202  
PO BOX 6165  
SARASOTA FL 34237

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PO BOX 6165  
SARASOTA FL 34237

3. Date Incorporated or Qualified  
**03/10/1980**

3a. Date of Last Report  
**04/05/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2009897**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PROPERTY & ACCOUNTING MGMT  
2055 WOOD STREET - STE 202  
SARASOTA FL 34237**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME COLEMAN, WARREN  
STREET ADDRESS 7155 FAIRWAY BEND DR  
CITY-ST-ZIP SARASOTA FL ☐ DELETE

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

TITLE SD  
NAME WRIGHT, KATHERINE  
STREET ADDRESS 7130 FAIRWAY BEND LANE  
CITY-ST-ZIP SARASOTA FL ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VD  
NAME MCCOWAN, THOMAS  
STREET ADDRESS 7111 FAIRWAY BEND LAND  
CITY-ST-ZIP SARASOTA FL ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD  
NAME WARNER, GEORGE  
STREET ADDRESS 7089 FAIRWAY BEND LANE  
CITY-ST-ZIP SARASOTA, FL 00000 ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME ROTHE, WILLIAM  
STREET ADDRESS 7070 FAIRWAY BEND LANE #273  
CITY-ST-ZIP SARASOTA, FL 00000 ☒ DELETE

5.1 TITLE D  
5.2 NAME Henze, Fred  
5.3 STREET ADDRESS 7138 Fairway Bend Circle  
5.4 CITY-ST-ZIP Sarasota, FL 34243 ☐ Change ☒ Addition

TITLE D  
NAME ROGERS, BRUCE  
STREET ADDRESS 7148 FAIRWAY BEND CIR  
CITY-ST-ZIP SARASOTA FL ☒ DELETE

6.1 TITLE D  
6.2 NAME Gubas, William  
6.3 STREET ADDRESS 7119 Fairway Bend Lane  
6.4 CITY-ST-ZIP Sarasota, FL 34243 ☐ Change ☒ Addition

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 119.07(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

Daytime Phone #

CR2E037 (12/95)