


FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 751454 (0) 1. Corporation Name PALMAIRE AT SARASOTA CONDOMINIUM ASSOCIATION "D", INC.			
Principal Place of Business 2055 WOOD ST - STE 202 PO BOX 6165 SARASOTA FL 34237		Mailing Address 2055 WOOD ST - STE 202 PO BOX 6165 SARASOTA FL 34237	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 03/10/1980			
4. FEI Number 59-2009897			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent PROPERTY & ACCOUNTING MGMT 2055 WOOD STREET - STE 202 SARASOTA FL 34237		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	WRIGHT, KATHERINE		
STREET ADDRESS	7130 FAIRWAY BEND LANE		
CITY-ST-ZIP	SARASOTA FL		
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	MCCOWAN, THOMAS		
STREET ADDRESS	7111 FAIRWAY BEND LAND		
CITY-ST-ZIP	SARASOTA FL		
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	WARNER, GEORGE		
STREET ADDRESS	7060 FAIRWAY BEND LANE		
CITY-ST-ZIP	SARASOTA, FL 00000		
TITLE	TD	<input type="checkbox"/> DELETE	
NAME	FRED HENZE		
STREET ADDRESS	7138 FAIRWAY BEND CIRCLE		
CITY-ST-ZIP	SARASOTA FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	WILLIAM GUBAS		
STREET ADDRESS	7119 FAIRWAY BEND LANE		
CITY-ST-ZIP	SARASOTA FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
6.2 NAME	D. Bisulk, Herbert		
6.3 STREET ADDRESS	7112 Fairway Bend Circle		
6.4 CITY-ST-ZIP	Sarasota, FL 34243		
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.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E037 (10/97)