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Jan 22 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 752783 (1)

1. Corporation Name

SAINT JUDES DRIVE SOUTH CONDOMINIUMS ASSOCIATION
INC.

Principal Place of Business

Mailing Address

729 ST. JUDES DRIVE, SOUTH. #1
LONGBOAT KEY FL 34228

707 ST JUDES DRIVE S
APT 1
LONGBOAT KEY FL 34228-1836
US

3. Date Incorporated or Qualified
06/04/1980

3a. Date of Last Report
02/21/1996

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt #, etc

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BALDWIN, EDWIN M.
15431 POND WOODS DR. W.
TAMPA FL 33618

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 | <input type="checkbox"/> DELETE |
| NAME | STONER, ROBERT | |
| STREET ADDRESS | 723 ST JUDES DR APT #2 | |
| CITY-ST-ZIP | LONGBOAT KEY FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | HAMM, LEROY | |
| STREET ADDRESS | 707 ST JUDES DR SOUTH #1 | |
| CITY-ST-ZIP | LONGBOAT KEY FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | BALDWIN, EDWIN M. | |
| STREET ADDRESS | 15431 POND WOODS DR WEST | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | DERRINGER, D. D. | |
| STREET ADDRESS | 2920 BOUGAINVILLEA ST | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | STRUBLE, BETH | |
| STREET ADDRESS | 729 ST JUDES DR APT 1 | |
| CITY-ST-ZIP | LONGBOAT KEY FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|---|
| 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 type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET 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 changed, or on an attachment with an address.

SIGNATURE: LEROY HAMM *Leroy Hamm* 1/11/97 941-383 5359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (TRES.) Date Daytime Phone # 0082637

CR2E037 (9/96)