FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 16 1998 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT #

SAINT JUDES DRIVE SOUTH CONDOMINUMS ASSOCIATION

INC.					
Principal Place of Business		Mailing Address			r 1989'N (1989) ÖNYIR (1981 1889) İĞİDƏ INLI BIĞIK GIŞLI BIRIL DIĞIK DİĞIL ƏTĞIL (1991
729 ST. JUDES DRIVE. SOUTH. #1 LONGBOAT KEY FL 34228		707 ST JUDES DRIVE S APT 1 LONGBOAT KEY FL 34228 US			3. Date Incorporated or Qualified 06/04/1980 4. FEI Number Applied For
9 Principal D	face of Business	2a. Mailing Address		-	65-0135372 Not Applicable
21 PI (ROIDAI F	Idea of positions	26			5. Certificate of Status Desired Security Securi
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be
22					Trust Fund Contribution Added to Fees
City & State		City & State			7. Is this nonprofit corporation a homeowners association?
23		28			☐ Yes ☐ No
Zip	Country Zip		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	25 P. Name and Address of Current	Registered Agent	<u> </u>		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
	e, Name and Address of Current	Hogisteren regunt	81	Name	10, 198110 and Naginos of Hor Hagiston (South
BALDWIN, EDWIN M.				Street A	ddress (P.O. Box Number is Not Acceptable)
15481 POND WOODS DR. W. 707 ST JUDES DREY B3 LONGBOAT KEY, FLA 34228					
FAMILYA	LONGBO	AT KEY, FLA 342	28 0		
	• • • •	1//	84	City	FL 85 Zip Code
44 Discusses	to the provisions of Sections 617 0603	and 617 1508 Florida Statutos	the above	- named c	
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, it 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	t and title it explicable (NOTF: R	lenistered Age	ot eignature r	equired when reinstating) DATE
12.	OFFICERS AND		13.	- tograda i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	LD DELETE	1.1 TITLE		Change Addition
NAME	STONER, ROBERT		1.2 NAME		13 ST JUDES DR
STREET ADDRESS	723 ST JUDES DR APT #2		1.3 STREET	ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL		1.4 CITY - S	T-ZIP	LONGBOAT KEY FLA 34228
TITLE	TD	☐ DELETE	2.1 TITLE		Change Addition
NAME	HAMM, LEROY	,	2.2 NAME		
STREET ADDRESS	707 ST JUDES DR SOUTH #1	+	2.3 STREET	ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL		2.4 CHY-5	ST-ZIP	
TITLE	\$ D	☐ DELETE	3.1 TITLE		D BOLD WAS LEDWAN AND
NAME	BALDWIN, EDWIN M.		3.2 NAME	1	DBALDWIN, L'DWIN M 767 ST JUDES DR #4
STREET ADDRESS	15491-POND-WOODS OR WES	37	3.3 STREET	ADDRESS	767 37 30023 00
CITY-ST-ZIP	SARAGOTA-EL-	N OTHER	3.4. CITY - S		LOWLBOAT KEY FLA 34228
TITLE	V PEODMOCD S S	✓ DELETE	4.1 TITLE];	SD Prinange Addition TANICE
NAME	DERRINGER, D. D.		4. 2 NAME		123 ST JUDES DR #2
STREET ADDRESS	2920 BOUGAINVILLEA ST		4.3 STREET	1	123 ST JUDES DR #2 LONGBOAT NEY FLA 34228
CITY-ST-ZIP TITLE	SARASOTA FL	DELETE	4.4 CITY - S 5.1 TITLE		17/Change Addition
	STRUBLE, BETH	RT OCCUR	5.1 TITLE 5.2 NAME		DESSELLE DON
NAME CTREET ADDRESS	729 ST JUDES DR APT 1		5.3 STREET	Annaree	DESSELLE DON LECTION DON 129 ST. JUDES DR 43
STREET ADDRESS	LONGBOAT KEY FL		5.4 CITY - S	1	LONGBORT KEY, FLA 34228
TITLE .	CONTROL INC.	DELETE	6.1 TITLE	1 - 44.	☐ Change ☐ Addition
NAME		- -	6.2 NAME		_ · · _ ·
STREET ADDRESS			6.3 STREET	ADDRESS	

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.

6.4 CITY-ST-ZIP

3/2/90