Secretary of State

STATE OF FLORIDA
THE CAPITOL
TALLAHASSEE 32304
(904) 488-6472

GEORGE FIRESTONE
SECRETARY OF STATE

May 7, 1980

D. W. McKINNON, DIRECTOR
DIVISION OF CORPORATIONS

Dana Whisman
FAMILY LEGAL CLINICS
909 E. Parker Street
Lakeland, FLA. 33801

REVENUE

6/6 600311026966

152783

SUBJECT: SAIL JUDES SOUTH CONDOMINIUM ASSOCIATION, INC.

Returned ___ Pending ___ Check Overdrawn $63.00

1. ___ NAME IS NOT AVAILABLE.
2. ___ Name must include a corporate suffix, INC. or INCORPORATED.
3. X BALANCE DUE: Please void the enclosed check and issue one for $38.00
4. ___ The number of directors the corporation shall have (no less than three) must be shown with a statement designating the total number.
5. ___ The articles state that there will be ___ directors (initially). However, ___ are listed.
6. ___ The qualifications for membership and the manner of their admission to membership must be shown in the articles of incorporation. Please be specific.
7. ___ The articles of incorporation must state who will manage the affairs of the corporation, and the times at which they all be elected or appointed.
8. ___ Please list the officers and the office(s) held by each.
9. ___ A designation of registered office and registered agent at the same street address must be contained within the articles of incorporation, and the registered agent must sign accepting that designation.
10. ___ All incorporators must sign and their signatures must be acknowledged (notarized).
11. ___ All incorporators signing must be listed in Article ___.
12. ___ Notary Public's acknowledgement is incomplete.
13. ___ The document(s) must be legible for microfilming (clear, black print on a white background).
14. X You must list at least three (3) directors and three (3) incorporators. Please be sure to provide addresses for all.
15. ___ The articles must state by whom the by-laws may be made, altered, or rescinded.
16. ___ The articles must state by whom and in what manner amendments to the articles of incorporation may be made.
17. X The registered agent designated in the Articles and on the Certificate as such must be the same.

FILED
1980 JUN 4 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A-17023

NON-PROFIT CORP.
FILING $30
C. COPY 5
R. AGENT 3
TOTAL $38
BALANCE DUE $
REFUND $

/ead 6-4-80

CR-1B
Rev. 1-79

FLORIDA — STATE OF THE ARTS

the FAMILY LEGAL CLINICS

CATHERINE TUCKER
Attorney at Law
3409 WEST KENNEDY BLVD
TAMPA, FLORIDA 33609
813 879 5562

THOMAS JOEL CHAWK
Attorney at Law
909 EAST PARKER ST
LAKELAND FLORIDA 33801
813 686 0776

Director
Division of Corporations
The Capitol
Tallahassee, Florida 32304

RE:

Dear Sir: P 68152 WP

Enclosed please find Articles of Incorporation for the subject's corporation and our check in the amount of $63.00 to cover the following:

Charter Tax	$ 30.00
Filing Fee	$ 15.00
Certified Copy Fee	$ 15.00
Registered Agent Fee	$ 3.00

RECEIVED
00052 MAY -1 88
REVENUE

We would appreciate your filing these Articles, certifying them as the Articles of Incorporation, and returning them to us.

Sincerely,

THE FAMILY LEGAL CLINIC

Dana Whisman

Dana Whisman
Secretary

enclosure

FILED
JUN 4 8 47 AM '88
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. TAX	$30
FILING	
C. COPY	3
R. AGENT	$
TOTAL	
BALANCE DUE $	
REFUND $	

A-170.1

LEGAL SERVICES AT PRICES MIDDLE INCOME FAMILIES CAN AFFORD

752783

ARTICLES OF INCORPORATION

OF

SAINT JUDES DRIVE SOUTH CONDOMINIUMS ASSOCIATION INC.

FILED
JAN 4 8 47 AM '80
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned subscribers of these Articles of Incorporation each a natural person competent to contract, hereby voluntarily associate themselves together to form a Corporation Not For Profit, under the laws of the State of Florida, and do hereby certify:

ARTICLE I - NAME

The name of this Corporation is:

SAINT JUDES DRIVE SOUTH CONDOMINIUMS ASSOCIATION INC.

ARTICLE II - PURPOSE

The purposes for which this Non-Profit Corporation is formed is to perform all the acts and duties as are normally performed by an apartment house manager as to the property of SAINT JUDES DRIVE SOUTH CONDOMINIUMS ASSOCIATION INC., including but not limited to:

1. To establish and collect assessments from the members for the purpose of operating, maintaining, repairing, improving, and administering said property and each member's interest in that property and to collect and enforce liens for such assessments, by suit if necessary.

2. To provide from the proceeds of the assessments for the operation, administration, maintenance, repair, improvement, replacement, insurnace, and utilities for said property and to purchase and maintain such personal property as provided in these Articles.

3. To carry out the obligations and duties required of the Association and accept the benefits and privileges conferred upon it by the Declaration of Restrictions, Reservations, Covenants, Conditions and Easements SAINT JUDES DRIVE SOUTH CONDOMINIUMS ASSOCIATION, INC. and to receive the rights given the Association by that Declaration or by separate conveyance.

ARTICLE III - MEMBERSHIP

The membership of this corporation shall constitute all persons hereinafter named as subscribes and such other person as, from time to time hereafter, may be approved by the Board of Directors.

ARTICLE IV - TIME OF EXISTENCE

This Corporation shall have perpetual existence.

D-1207

ARTICLE V - INCORPORATORS

The names and residence of the subscribers to these Articles of Incorporation are as follows:

DELORES HORNBECK	212 Skyland Lakeland, Florida 33805
MARY LOU HAMM	707 St. Judes Drive, Apt. #1 Long Boat Key, Florida 33510
LEROY HAMM	707 St. Judes Drive, Apt. #1 Long Boat Key, Florida 33510

ARTICLE VI - OFFICERS

The officers of this Corporation shall be a President, Vice-President, Secretary and Treasurer. Officers shall be elected at the annual meeting of the Corporation as provided for in the By-Laws of the Corporation. Names of persons who are to serve as officers of the Corporation until the first annual meeting are:

OFFICERS	NAME
President	LEROY HAMM
Vice-President	DOT DERRINGER
Secretary	DELORES HORNBECK
Treasurer	PEGGY HARTMAN

ARTICLE VII - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this Corporation is, 707 St. Judes Drive, Apartment #1, Long Boat Key, Florida 33510. The name of the initial registered agent of this Corporation at that address is, LEROY HAMM.

ARTICLE VIII - BOARD OF DIRECTORS

The business of this Corporation shall be conducted and managed by its Board of Directors. This Corporation shall have Five (5) directors initially. The number of directors may be increased from time to time, according to the By-Laws, but shall never be less than Two (2), nor more than Twelve (12). Members of the Board of Directors shall be elected and hold office in accordance with the By-Laws. The names and addresses of the persons who are to serve as directors for the ensuing year, or until the first annual meeting of the Corporation are:

A-1707

ARTICLE VIII - BOARD OF DIRECTORS
-continued-

MILT PIERSON	5306 Holmes Boulevard Holmes Beach, Florida 33510
DOT DERRINGER	701 St. Judes Drive, Apt. # Long Boat Key, Florida 33510
PEGGY HARTMAN	701 St. Judes Drive, Apt. #2 Long Boat Key, Florida 33510
LEROY HAMM	707 St. Judes Drive, Apt. #7 Long Boat Key, Florida 33510
DELORES HORNBECK	212 Skyland Lakeland, Florida 33805

ARTICLE IX - BY LAWS

The Board of Directors of this Corporation may provide such By-Laws for the conduct of its business and the carrying out of its purposes as they may deem necessary from time to time. These By-Laws may be amended at any meeting of the directors, provided that ten (10) days written notice be given of this meeting, and the notice indicates the purpose and contains suggested wording for the amendments. The By-Laws may be amended by a two-thirds vote of directors present and voting.

ARTICLE X - AMENDMENTS TO ARTICLES OF INCORPORATION

These Articles of Incorporation may be amended in the manner provided by law, and may be amended at a special meeting of the directors called for that purpose, by a two-thirds vote of those present. Amendments may also be made at a regular meeting of the directors on ten (10) days written notice of intention to submit such amendments.

ARTICLE XI - DISSOLUTION

Should this Corporation be dissolved, other than incident to merger or consolidation, the assets of the corporation shall be dedicated, granted, conveyed and assigned to any non-profit public or private agency, corporation, association, trust or similar organization devoted to and used for purposes similar to those for which this corporation was created, so long as said grant, dedication conveyance or assignment shall not be inconsistent with Section 501 (c) (3) or the Internal Revenue Code of 1954, as amended.

ARTICLE XII - LOCATION

The initial location of the Corporation shall be at Long Boat Key, Manatee County, Florida.

A-1707

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

Pursuant to Chapter 48.091, Florida Statutes, the following is submitted:

FIRST -- SAINT JUDES DRIVE SOUTH CONDOMINIUMS ASSOCIATION, INC., desiring to organize under the Laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation at Long Boat Key, County of Manatee, State of Florida, has named:

LEROY HAMM
707 St. Judes Drive, Apt.#1
Long Boat Key, Florida 33510

as its agent to accept service of process within this State.

ACKNOWLEDGEMENT:

Having been named to accept Service of Process for the above stated Corporation, at place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

Leroy Hamm
LEROY HAMM

A-707

IN WITNESS WHEREOF, the undersigned subscribing incorporators have hereunto set our hands and seals this _____ day of _____, 1980, for the purpose of forming this Corporation, not for profit under the Laws of the State of Florida.

Delores Hornbeck
DELORES HORNBECK

Leroy Hamm
LEROY HAMM

Mary Lou Hamm
MARY LOU HAMM

STATE OF FLORIDA)
)
COUNTY OF MANATEE)

Before me, a Notary Public, duly authorized in the State and County named above to take acknowledgements, personally appeared, DELORES HORNBECK, to me known to be the person described as incorporator in and who executed the foregoing Articles of Incorporation and she acknowledged before me that she executed and subscribed to these Articles of Incorporation.

WITNESS my hand and official seal in the County and State named above this 26th day of May, 1980.

NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires:
November 25, 1983

STATE OF FLORIDA)
)
COUNTY OF MANATEE)

Before me, a Notary Public, duly authorized in the State and County named above to take acknowledgements, personally appeared LEROY HAMM, to me known to be the person described as incorporator in and who executed the foregoing Articles of Incorporation and he acknowledged before me that he executed and subscribed to these Articles of Incorporation.

WITNESS my hand and official seal in the County and State named above this 27th day of May, 1980.

Virginia M. Stevens
NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires:
Notary Public, State of Florida at Large
My Commission Expires Sept. 29, 1982
Bonded by American Fire & Casualty Company

A-1707

STATE OF FLORIDA)
)
COUNTY OF MANATEE)

Before me, a Notary Public, duly authorized in the State and County named above to take acknowledgements, personally appeared MARY LOU HAMM to me known to be the person described as incorporator in and who executed the foregoing Articles of Incorporation and she acknowledged before me that she executed and subscribed to these Articles of Incorporation.

WITNESS my hand and official seal in the County and State named above this 27th day of May, 1980.

Virginia M. Sheppard
NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires:
Notary Public, State of Florida at Large
My Commission Expires Sept. 29, 1982
Bonded By American Fire & Casualty Company

A-1767

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JUL 1 OF EACH YEAR

CORPORATION ANNUAL REPORT **1981**

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Oct 26 1 23 PM 1981

► READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES

1. Name and Address of Corporation's Principal Office

752783
SAINT JUDES DRIVE SOUTH CONDOMINIUMS ASSOC
707 ST JUDES DR
APT 1 2.
LONG BOAT KEY FL 33548

If above address is not correct or any part is incorrect, enter correct address in Item 2. Include Zip Code

3. Date Incorporated or Qualified To Do Business in Florida	4. Federal Employer Identification Number (FEIN)
06/04/1980	N/A

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (DO NOT Use Post Office Box Number)	City, State and Zip Code
~~HAMM, LEROY~~	~~P/D~~	~~707 ST JUDES DR APT 1~~	~~LONGBOAT KEY FL~~
HORNBECK, DELORES	S/D	707 ST JUDES DR APT 1	LONGBOAT KEY FL
~~DERRINGER, DOT~~	~~V/D~~	~~701 ST JUDES DR APT 1~~	~~LONGBOAT KEY FL~~
HARTMAN, PEGGY	T/D	701 ST JUDES DR APT 2	LONGBOAT KEY FL
STRUBLE, GLENN	PID	729 ST. JUDES DR APT 1	LONGBOAT KEY FL
PESCAGLIA, EDNA	V/P	707 ST. JUDES DR APT 3	LONG BOAT KEY FL

Part 1

Registered Agent Information

7. Current Agent	8. New Agent
Name: HAMM, LEROY	Name:
Street Address (Do NOT Use P.O. Box Number): 707 ST JUDES DR APT 1	Street Address (Do NOT Use P.O. Box Number):
City, State and Zip Code: LONGBOAT KEY FL	City, State and Zip Code:

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida, 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 resolution duly adopted by its board of directors or

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

10. *See signature restrictions under instructions on reverse side of this form*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S.
I Further Certify That I Understand My Signature On This Report Shall Have The Same Legal Effect As If Made Under Oath

Signature	Date
Glenn D. Struble	Oct. 19, 1981
Typed Name of Signing Officer	**Title**	**Telephone Number**
GLENN D. STRUBLE	President	383-4335

COR 620 (8-81)

DETACH STUB ONLY IF THERE ARE NO CHANGES TO THIS REPORT

Part 2

Corporation Name

NO CHANGE CERTIFICATION
1981 ANNUAL REPORT

SAINT JUDES DRIVE SOUTH CONDOMINIUMS ASSOCI

A.

See signature restrictions [illegible]

I Certify that this Annual Report contains [illegible]

I further Certify [illegible]

Signature		Date
Typed Name of Signer	Title	[illegible]

752783

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT

1982

George Firestone
Secretary of State

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
MAR 9 1 04 PM '82
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of $10 Required —Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

752783
SAINT JUDES DRIVE SOUTH CONDOMINIUMS ASSOC
701 ST JUDES DR APT 2
LONG BOAT KEY, FL 33548

If above address is in care of any, enter the correct address in Item 2 include Zip Code

2. Enter Change of Address of Corporate Principal Office P.O. Box Number Address NOT Sufficient

Street Address
P.O. Box No.
City
State Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 06/04/1980

4. Federal Employer Identification Number (FEIN):

5. Date of Last Report: 10/26/1981

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address (Enter Post Office Box Number)	City and State	
HORNBECK, DFLORES	S/D	707 ST JUDES DR APT 1	LONGBOAT KEY, FL	0000
PESCAGLIA, EDNA	V	707 ST JUDES DR APT 3	LONGBOAT KEY, FL	0000
STRUBLE, GLENN	P/D	729 ST JUDES DR APT 1	LONGBOAT KEY, FL	0000
HARTMAN, PEGGY	T/D	701 ST JUDES DR APT 2	LONGBOAT KEY, FL	0000

Registered Agent Information

7. Name and Address of Current Registered Agent

HAHN, LEROY

707 ST JUDES DR APT 1

LONGBOAT KEY FL

8. Name and Address of New Registered Agent

Name
Street Address (Do NOT use P.O. Box Number)
City, State and Zip Code

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation hereby files this statement for the purpose of changing its registered office or its registered agent, or both, in the State of Florida.

Such change was authorized by resolution duly adopted by its board of directors or _____

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

10. *See signature restrictions under instructions on reverse side of this form.*

I Certify That I Am An Officer of the Corporation, a Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath

Signature	Date
Margaret Hartman	1/21/82

Typed Name of Signing Officer	Title	Telephone Number
MARGARET HARTMAN (Peggy)	TREASURER	813 383-1615

CORP 0111 (81)

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT **1983**

George Firestone
Secretary of State

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APR [illegible]
AM
FILED
MAY 13 [illegible] 1983

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of $10 Required —Make Checks Payable To: *Secretary of State*

1. Name and Address of Corporation Principal Office

752783
SAINT JUDES DRIVE SOUTH CONDOMINIUMS ASSOC
701 ST JUDES DR APT 2
LONG BOAT KEY, FL 33548

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is Not Sufficient

Street Address: 713 ST. JUDES DR. APT 1
P.O. Box No.:
City: LONGBOAT KEY
State: FLA. Zip Code: 33548

3. Date Incorporated or Qualified To Do Business in Florida: 06/04/1980

4. Federal Employer Identification Number (FEIN): N/A

5. Date of Last Report: 03/09/1982

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
~~HORNBECK, DELORES~~	~~S/D~~	~~707 ST JUDES DR APT 1~~	~~LONGBOAT KEY, FL 0000~~
PESCAGLIA, EDNA	V/D	707 ST JUDES DR APT 3	LONGBOAT KEY, FL 0000
STRUBLE, GLENN	P/D/S	729 ST JUDES DR APT 1	LONGBOAT KEY, FL 0000
~~HARTHAN, PEGGY~~	~~T/D~~	~~703 ST JUDES DR APT 2~~	~~LONGBOAT KEY, FL 0000~~
GODWIN, JOHN	T/D	713 ST JUDES DR APT 1	LONGBOAT KEY, FL

Registered Agent Information

7. Name and Address of Current Registered Agent

HAHN, LEROY
707 ST JUDES DR APT 1
LONGBOAT KEY FL

8. Name and Address of New Registered Agent

Name:
Street Address (Do NOT use P.O. Box Number):
City, State and Zip Code:

9. Pursuant to the provisions of Sections 607.031 and 607.037, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida 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 resolution duly adopted by its board of directors on _____

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

10. *See signature restrictions under instructions on reverse side of this form.*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

Signature: [signature] Date: 4-7-83

Typed Name of Signing Officer: John E. Godwin Title: TREASURER Telephone Number: 813-383-2919

COR 820 (1/83)

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT **1984**

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

JUN 15 2 42 PM '84

◄ Read Notice and Instructions on Other Side Before Making Entries ►

Filing Fee of $10 Required — Make Checks Payable To: *Secretary of State*

1. Name and Address of Corporation Principal Office:

752783
SAINT JUDES DRIVE SOUTH CONDOMINIUMS ASSOC
713 ST JUDES DR APT 1
LONGBOAT KEY, FL 33548

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address

P.O. Box No

City

State Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 06/04/1980

4. Federal Employer Identification Number (FEIN):

5. Date of Last Report: 05/18/1983

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1983

	Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
1	PESCAGLIA, EDNA	V/D	707 ST JUDES DR APT 3	LONGBOAT KEY, FL 0000
2	GODWIN, JOHN	T/D	713 ST JUDES DR APT 1	LONGBOAT KEY, FL 0000
3	STRUBLE, GLENN	P/S/D	729 ST JUDES DR APT 1	LONGBOAT KEY, FL 0000

Registered Agent Information

7. Name and Address of Current Registered Agent

HAMM, LEROY
707 ST JUDES DR APT 1
LONGBOAT KEY FL

8. Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

9. Pursuant to the provisions of Sections 607.03* and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the state of Florida.

The Such change was authorized by resolution duly adopted by its board of directors on: _____

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

10. *See signature restrictions under instructions on reverse side of this form*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

Signature	Date
Edna Pescaglia	June 5 1984
Typed Name of Signing Officer	Title: Vice President
	Telephone Number: 813-383-1208

11. *Should you desire a certificate of status check the box below and include an additional $5.00 with your payment.*

CERTIFICATE OF STATUS DESIRED ☐
$5 Additional fee required for certificates

6/10/84

COR 620 (1-84)

DUE DATE ON OR AFTER JANUARY [illegible]

CORPORATION

ANNUAL REPORT

1985

◄ Read Notice and Instructions on Other Side Before Making Entries ►

Filing Fee of $20 Required — Make Checks Payable To: *Secretary of State*

1 Name and Address of Corporation Principal Office

752783 1
SAINT JUDES DRIVE SOUTH CONDOMINIUMS ASSOC
713 ST JUDES DR APT 1
LONGBOAT KEY, FL 33548

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code

3 Date Incorporated or Qualified to Do Business in Florida 06/04/1980

4 Federal Employer Identification Number (FEI)

5 Date of Last Report 06/15/1984

6 Names and Street Addresses of Each Officer and Director as of December 31 [illegible]

	Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
1	PESCAGLIA, EDNA	V/D	707 ST JUDES DR APT 3	LONGBOAT KEY, FL
2	~~[illegible]~~	~~[illegible]~~	~~[illegible]~~	~~[illegible]~~
3	STRUBLE, GLENN	P/S/D	729 ST JUDES DR APT 1	LONGBOAT KEY, FL
4	ED BALDWIN	T/D	707 ST JUDES DR. APT #4	LONGBOAT KEY, FL.
5				
6				

Registered Agent Information

7. Name and Address of Current Registered Agent

HAMM, LEROY
707 ST JUDES DR APT 1
LONGBOAT KEY FL

8. Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, organized under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on ____

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE ____ DATE ____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

10. *See signature restrictions under instructions on reverse side of this form*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath. (Officer signing must be listed in Block 6).

Signature: Ed Baldwin

Date: May 5-85

Typed Name of Signing Officer: ED BALDWIN

Title: TREASURER

Telephone Number: 813-383-2985

11. Should you desire a certificate of status check the box. CERTIFICATE OF STATUS DESIRED ☐

$5 additional fee required for a Certificate of Status

CR2E034 (1/85)

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION

ANNUAL REPORT
1986

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

ARTICLE
FILED

1986 MAR 10 PM 2:34

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of $20 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:

752783 1
SAINT JUDES DRIVE SOUTH CONDOMINIUMS ASSOCIATION
713 ST JUDES DR APT 1
LONGBOAT KEY, FL 33548

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida	4. Federal Employer Identification Number (FEIN)	5. Date of Last Report
06/04/1980		05/13/1985

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1985

Names of Officers and Directors 1	Title 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4 5
PESCAGLIA, EDNA	V/D	707 ST JUDES DR APT 3	LONGBOAT KEY, FL
BALDWIN, ED	T/D	707 ST JUDES DR #4	LONGBOAT KEY, FL
STRUBLE, GLENN	P/S/D	729 ST JUDES DR APT 1	LONGBOAT KEY, FL

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

HAMM, LEROY
707 ST JUDES DR APT 1
LONGBOAT KEY FL

8. Name and Address of New Registered Agent

Name 81

Street Address (Do NOT Use P.O. Box Number) 82

City and State 83 FL. | Zip Code 84

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on: _____

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

10. *See signature restrictions under instructions on reverse side of this form.*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.
(Officer signing must be listed in Block 6).

Signature	Date
Ed Baldwin	3-1-86
Typed Name of Signing Officer	Title / Telephone Number

11. Should you desire a certificate of status check the box. CERTIFICATE OF STATUS DESIRED ☐ $5 Additional Fee required for a Certificate of Status

CR8E034 (1/85)

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

CORPORATION

ANNUAL REPORT
1987

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of $25 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:

752783 1
SAINT JUDES DRIVE SOUTH CONDOMINIUMS ASSOCIATION
713 ST JUDES DR APT 1
LONGBOAT KEY, FL 33548

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: 06/04/1980

4. Federal Employer Identification Number (FEIN)

5. Date of Last Report: 03/10/1986

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1986

1 Names of Officers and Directors	2 Title	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State 5
1 PESCAGLIA, EDNA	V/D	707 ST JUDES DR APT 3	LONGBOAT KEY, FL
1x 2 BALDWIN, ED	T/D	707 ST JUDES DR #4	LONGBOAT KEY, FL
2x 3 STRUBLE, GLENN	P/S/D	729 ST JUDES DR APT 1	LONGBOAT KEY, FL
3x 4			
4x 5			
5x 6			
6x			

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

HAM, LEROY
707 ST JUDES DR APT 1
LONGBOAT KEY FL

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84: FL.

Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on: _____
I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

CR8E034 (1/86)

10. *See signature restrictions under instructions on reverse side of this form.*
I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.
(Officer signing must be listed in Block 6).

Signature: Ed Baldwin — Date: 1-28-87

Typed Name of Signing Officer: Ed Baldwin — Title: TREASURE — Telephone Number:

11. Should you desire a certificate of status check the box. CERTIFICATE OF STATUS DESIRED ☐ — $5 Additional Fee required for a Certificate of Status

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT

1988

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $25 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:

752783

SAINT JUDES DRIVE SOUTH CONDOMINIUMS ASSOCIATION
713 ST JUDES DR APT 1
LONGBOAT KEY, FL 33548

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: 06/04/1980

4. Federal Employer Identification Number (FEIN):

5. Date of Last Report: 02/03/1987

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1987

1 Names of Officers and Directors	2 Title	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State 5
PESCAGLIA, EDNA	V/D	707 ST JUDES DR APT 3	LONGBOAT KEY, FL
BALDWIN, ED	~~V~~/D	15431 Pond Woods Dr W. ~~707 ST JUDES DR #4~~	TAMPA, FL. ~~LONGBOAT KEY, FL~~
STRUBLE, GLENN	P/~~D~~/D	729 ST JUDES DR APT 1	LONGBOAT KEY, FL
Godwin, John	T/D	713 St Judes Dr. Apt 1	Longboat Key, FL.
Derringer, D.D.	S/D	2920 Bougainvillea St.	Sarasota, FL.

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

HAMM, LEROY
707 ST JUDES DR APT 1
LONGBOAT KEY FL

8. Name and Address of New Registered Agent

Name 81: Edwin M. BALDWIN

Street Address 1 (Do NOT Use P.O. Box Number) 82: 15431 Pond Woods Dr. W.

Street Address 2 (Do NOT Use P.O. Box Number) 83:

City and State 84: TAMPA, FL.

Zip Code 85: 33618

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on 6-12-88

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE: Edwin M. Baldwin (Registered Agent Accepting Appointment) DATE: 6-12-88

10. If a foreign corporation, date first transacted business in Florida: N/A

11. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer or Director of the Corporation, or a Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath. (Officer or Director signing must be listed in Block 8.)

Signature: J.D. Godwin Date: 6-12-88

Typed Name of Signing Officer or Director: JOHN E Godwin Title: Treasurer Telephone Number: 813-383-2919

12. Should you desire a certificate of status check the box. CERTIFICATE OF STATUS DESIRED ☑ $5 Additional Fee required for a Certificate of Status

CR2E022 (1/88)

LAW OFFICES

Becker, Poliakoff & Streitfeld, P.A.

CLEARWATER FORT LAUDERDALE FORT MYERS MIAMI SARASOTA WEST PALM BEACH

GARY A. POLIAKOFF
ALAN S. BECKER
JEFFREY E. STREITFELD
KAY LATONA
ROBERT J. MANNE
EDWARD S. POLK
ALAN E. FARNENBAUM
ANTHONY A. SALLOUM
DANIEL S. ROSENBAUM
CHARLES R. MORGENSTERN
SHARON A. WEBER
GARY C. ROSEN
ALLEN M. LEVINE
LEE H. BURG
ROBERT L. TANDET
CHARLES N. ELTONIC
STEVEN B. LESSER
JOSEPH E. ADAMS
KEITH E. BACKER
IRENE BOYD
RICHARD H. BRUT
HERBERT O. BROCK, JR.

MICHAEL J. BRUDNY
KATHLEEN M. BURGENER
BLAKE M. CARLTON
JONATHAN D. CONANT
ROSA M. DE LA CAMARA
KENNETH S. DIREKTOR
RALPH L. FRIEDLAND
MICHAEL J. GELLAND
ELLEN G. HIRSCH
HAROLD E. KAPLAN
ROBERT L. KAYE
LINDA KLEIN
GRACE N. MANNE
NEAL L. MARTIN
CHAD M. McCLENATHEN
SHERRY D. McMILLAN
MICHELE G. MILES
DAVID H. ROGEL
PAUL L. WEAN
LYNN SIMPSON WOODS
ANNE E. ZIMET

630 SO. ORANGE AVENUE 3rd FLOOR
P.O. BOX 49675
SARASOTA, FL 34230-6675
SARASOTA (813) 366-8826
TOLL FREE 1-800-282-8611

ADMINISTRATIVE OFFICES
ENTERPRISE CORPORATE PARK
[illegible]
FORT LAUDERDALE, FL 33312-6525
MAILING ADDRESS
P.O. BOX 9057
FORT LAUDERDALE, FL 33310-9057

DIRECT TELEPHONE LINES
FT. LAUDERDALE (305) 987-7550
MIAMI (305) 443-5526
BOCA RATON (305) 994-8969
PALM BEACH (407) 737-8803
TOLL FREE 1-800-432-7713

FACSIMILE
(305) 463-5401

752783

September 13, 1988

REPLY TO
Sarasota

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

03/15/88 00068 004
DOMESTIC AMENDMENTS
AMENDMENT 15.00
TOTAL 15.00

Re: Articles of Incorporation Amendments

Dear Madam:

Enclosed please find amendments to the Articles of Incorporation of SAINT JUDES DRIVE SOUTH CONDOMINIUMS ASSOCIATION, INC., together with a check payable to the Secretary of State for $15.00 for filing of same.

Please contact this office if you need any additional information.

Sincerely,
BECKER, POLIAKOFF & STREITFELD, P.A.

Jenny L Disney
Jenny L. Disney
Secretary to Chad M. McClenathen

FILED
88 SEP 26 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name Availability	DC
Document Typed	DC
Enclosures	DC
Updater Verifier	DC
Acknowledgement	DC
Signature Verifier	DC

Amend 14

NP

FILED
88 SEP 26 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF AMENDMENT

TO THE
ARTICLES OF INCORPORATION
OF
SAINT JUDES DRIVE SOUTH CONDOMINIUMS ASSOCIATION, INC.

THE UNDERSIGNED officers of Saint Judes Drive South Condominiums Association, Inc., do hereby certify that the Articles of Incorporation of Saint Judes Drive South Condominiums Association, Inc. were amended as hereinafter set forth by unanimous vote of the Board of Directors of said corporation at a meeting held August 13, 1988. The amendments consist of the following:

AMENDMENTS TO
ARTICLES OF INCORPORATION OF
SAINT JUDES DRIVE SOUTH CONDOMINIUM ASSOCIATION, INC.

(Additions indicated by underlining, deletions by ---)

ARTICLE II - PURPOSE AND POWERS

The purposes for which this Non-Profit Corporation is formed is to succeed to and accept the rights and responsibilities of two unincorporated associations previously known as Saint Judes Apartments Association and Saint Judes Apartment Unit 2 Association and to provide an entity pursuant to the Florida Condominium Act for the operation of SAINT JUDES APARTMENTS, A CONDOMINIUM and SAINT JUDES APARTMENTS UNIT 2, A CONDOMINIUM, according to the Declarations thereof as recorded in O.R. Book 272, Page 194, et seq., and O.R. Book 298, Page 329, et seq., respectively, both of the Public Records of Manatee County, Florida. Said corporation shall have all of the common law and statutory powers of a corporation not for profit and shall have the powers set forth herein ~~perform all the acts and duties as are normally performed by an apartment house manager as to the property of SAINT JUDES DRIVE SOUTH CONDOMINIUMS ASSOCIATION, INC.~~, including but not limited to:

1. To establish and collect assessments from the members for the purpose of operating, maintaining, repairing, improving and administering said property and each member's interest in that property and to collect and enforce liens for such assessments, by suit if necessary.

2. To provide from the proceeds of the assessments for the operation, administration, maintenance, repair, improvement, replacement, insurance, and utilities for said property and to purchase and maintain such personal property as provided in these Articles.

3. To carry out the obligations and duties required of the Association and accept the benefits and privileges, and rights conferred upon it by the Declarations referenced in this Article II ~~of Restrictions, Reservations, Covenants, Conditions and Easements SAINT JUDES DRIVE SOUTH CONDOMINIUM ASSOCIATION, INC. and to receive the rights given the Association by that Declaration or by separate conveyance~~.

ARTICLE III - MEMBERSHIP

The membership of this corporation shall constitute all of the record owners of units in the condominiums referenced in Article II hereof ~~persons hereinafter named as subscribes and such other person as, from time to time hereafter, may be approved by the Board of Directors~~.

ARTICLE VIII - BOARD OF DIRECTORS

The business of this Corporation shall be conducted and managed by its Board of Directors. This Corporation shall have Five (5) directors initially. The number of directors may be increased from time to time, according to the By-Laws, but shall never be less than three (3) ~~Two (2)~~, nor more than Twelve (12). Members of the Board of Directors shall be elected and hold office in accordance with the By-Laws. The names and addresses of the persons who are presently serving ~~to serve as directors for the ensuing year, or until the first annual meeting of the corporation~~ are:

ARTICLE IX - BYLAWS

The first By-Laws of the corporation shall be adopted by the Board of Directors and may thereafter be altered or amended as provided in the By-Laws. ~~The Board of Directors of this Corporation may provide such By-laws for the conduct of its business and the carrying out of its purposes as they may deem necessary from time to time. These By-laws may be amended at any meeting of the directors, provided that ten (10) days written notice be given of this meeting, and the notice indicates the purpose and contains suggested wording for the amendments. The By-laws may be amended by a two-thirds vote of directors present and voting.~~

IN WITNESS WHEREOF, the Association has caused this instrument to be executed by its authorized officers this 13 day of Sept, 1988, at Bradenton, Manatee County, Florida.

WITNESSES:

Jacquelyn B. Stowe

Carol Dulmage

AS TO BOTH

SAINT JUDES DRIVE SOUTH CONDOMINIUMS ASSOCIATION, INC.

BY: Glen Strubble

Glen Strubble, President

ATTEST: Dorothy Ferringer Soble

, Secretary

STATE OF FLORIDA
COUNTY OF MANATEE

BEFORE ME, the undersigned authority, personally appeared Glen Strubble, as President and DOROTHY FERRINGER SOBLE, as Secretary of Saint Judes Drive South Condominiums Association, Inc., and acknowledged that they executed the foregoing instrument for the purposes mentioned therein, on behalf of the corporation.

WITNESS my hand and official seal this 13 day of September, 1988.

Judith B. Jaial

NOTARY PUBLIC

My Commission Expires:

NOTARY PUBLIC, STATE OF FLORIDA
MY COMMISSION EXPIRES: OCT. 26, 1990.
BONDED THRU NOTARY PUBLIC UNDERWRITERS.

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

APPROVED AND

CORPORATION

ANNUAL REPORT

1989

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE
FILED
1989 APR 17 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of $35 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office.

ZIP + 4

752783 1
SAINT JUDES DRIVE SOUTH CONDOMINIUMS ASSOCIATION
713 ST JUDES DR APT 1
LONGBOAT KEY, FL 33548

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient
729 St. Judes Drive South #1
Street Address 21

PO Box No 22

Longboat Key, Fl 34228
City and State 23

34228
Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida	4. Federal Employer Identification Number (FEIN)	5. Date of Last Report
06/04/1980	N/A	06/21/1988

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1988

Title 1	Names of Officers and Directors 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4 5
V/D	PESCAGLIA, EDNA	707 ST JUDES DR APT 3	LONGBOAT KEY, FL
D	James McCrudden ~~BALDWIN, ED~~	707 St. Judes Dr. Apt #2 15431 POND WOODS DR W.	TAMPA, FL.
P/D	Robert Stoner ~~STROBLE, GLENN~~	723 St. Judes Dr. #2 ~~729 ST JUDES DR APT 1~~	Longboat Key, Fl ~~LONGBOAT KEY, FL~~
T/D	Beth Struble ~~GODWIN, JOHN~~	729 St. Judes Dr. Apt. #1 ~~713 ST JUDES DR #1~~	LONGBOAT KEY, FL.
S/D	DERRINGER, D. D.	2920 BOUGAINVILLEA ST.	SARASOTA, FL.

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

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

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84 FL

Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on: _____

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. If a foreign corporation, date first transacted business in Florida _____

See signature restrictions under instructions on reverse side of this form.

Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath
(Officer or Director signing must be listed in Block 6.)

Signature	Date
Beth Struble	April 10, 1989
Typed Name of Signing Officer or Director: Beth Struble	Title: Treasurer
	Telephone Number: 813-383-4335

If you desire a certificate of status check the box: CERTIFICATE OF STATUS DESIRED ☒ $5 Additional Fee required for a Certificate of Status

CR2E023A (1/89)

DIVISION OF CORPORATIONS
NOTICE OF INCOMPLETE ANNUAL REPORT

MAY 15, 1989

752783 1

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

Your 1989 Corporation Annual Report has been received by the Department of State. Section 607.357(1)(d), Florida Statutes requires you to include your Federal Employer Identification (FEI) number when filing the annual report. Our computer record indicates this information was not included on the above named corporation's annual report therefore it is considered incomplete. Please insert your FEI number in the lower portion of this notice and return to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

There is no additional fee to include the FEI number in the corporation's permanent record.

DOCUMENT NUMBER: 752783 1

CORPORATION NAME: SAINT JUDES DRIVE SOUTH CONDOMINIUMS ASSOCIATION

FEDERAL EMPLOYER INDENTIFICATION NUMBER: ____ - ____
FEDERAL EMPLOYER INDENTIFICATION NUMBER APPLIED FOR: YES [XXX] NO [ ]
IF YOU DO NOT HAVE AN FEI NUMBER, GIVE EXPLANATION: APPLIED FOR

(APPLIED)

Beth Struble
Signature of Officer or Director

Beth Struble, treasurer

NOTICE: THIS FORM MUST BE COMPLETED AND RETURNED PRIOR TO JULY 15, 1989 OR THIS CORPORATION'S ANNUAL REPORT WILL BE CONSIDERED INCOMPLETE AND INACCURATE.

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST AND

APPROVED

CORPORATION

ANNUAL REPORT

1990

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

1990 FEB 23 PM 3:34

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $35 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

752783 1

ZIP + 4 PRESORT
SAINT JUDES DRIVE SOUTH CONDOMINIUMS ASSOCIATION
729 ST. JUDES DRIVE, SOUTH, #1
LONGBOAT KEY, FL 34228-1838

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box number alone is NOT sufficient. The NAME of the corporation can be changed only by filing an amendment.

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: 06/04/1980

4. FEI Number: ~~APPLIED FOR~~ 65-0135372 — FEI Number Applied For / FEI Number Not Applicable

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

Title 1	Names of Officers and Directors 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4
V/D	PESCAGLIA, EDNA	707 ST JUDES DR APT 3	LONGBOAT KEY, FL
D	MCCRUDDEN, JAMES	707 ST JUDES DR APT #2	LONGBOAT KEY, FL.
P/D	STONER, ROBERT	723 ST JUDES DR APT #2	LONGBOAT KEY, FL
T/D	STRUBLE, BETH	729 ST JUDES DR APT #1	LONGBOAT KEY, FL.
S/D	DERRINGER, D. D.	2920 BOUGAINVILLEA ST.	SARASOTA, FL.

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

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

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84: FL

Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____

I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. I certify that the information indicated on this and all report or supplemental annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; further I certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S.

Signature: Beth Struble Date: 2/7/90

Typed Name of Signing Officer or Director	Title	Telephone Number
Beth Struble	Treasurer	813-383-4335

11. Should you desire a certificate of status, check the box. CERTIFICATE OF STATUS DESIRED ☐ $5 Additional Fee required for a Certificate of Status

TEAR HERE | TEAR HERE

APPLICATION FOR REINSTATEMENT FOR

752783

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

91 NOV -7 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # 752783

SAINT JUDES DRIVE SOUTH CONDOMINIUMS ASSOCIATION INC.
729 ST. JUDES DRIVE, SOUTH, #1
LONGBOAT KEY, FL 34228

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address: -11/18/91--00041--032 REINSTATEMENT

Address: SAME

City and State: TOTAL

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 06/04/1980

4. FEI Number: 65-0135372

☐ FEI Number Applied For
☐ FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

Title 1	Names of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City and State 4
V/D	PESCAGLIA, EDNA	707 ST JUDES DR APT 3	LONGBOAT KEY, FL
D	MCCRUDDEN, JAMES	707 ST JUDES DR APT #2	LONGBOAT KEY, FL.
P/D	STONER, ROBERT	723 ST JUDES DR APT #2	LONGBOAT KEY, FL
T/D	STRUBLE, BETH	729 ST JUDES DR APT #1	LONGBOAT KEY, FL.
S/D	DERRINGER, D. D.	2920 BOUGAINVILLEA ST.	SARASOTA, FL.

REINSTATEMENT 91 [illegible]

-11/18/91--00038--032 REINSTATEMENT

REGISTERED AGENT INFORMATION

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: TOTAL

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State: FL. Zip Code

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505, F.S.

Signature of Registered Agent: Edwin M. Baldwin Date 10/6/1991

REGISTERED AGENT MUST SIGN

9. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Officer or Director: Beth Struble Date Oct. 6, 1991 Phone # 813-383-4335

Typed or printed name of signing officer or director: Beth Strubl3, Treasurer

10. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED

$8.75 Additional Fee required for a Certificate of Status

2ND NOTICE FILE NOW! *CORPORATION WILL BE DISSOLVED ON OR AFTER OCTOBER 7, 1992.*

CORPORATION

ANNUAL REPORT

1992

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Agt 1492

APPROVED
SEC. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FLA.
FILED

DO NOT WRITE IN THIS SPACE

Read Instructions on Other Side Before Making Entries

FILING FEE $61.25 Make Payable To: *Secretary of State*

1. Name and Mailing Address of Corporation: DOCUMENT #752783 (1)

PREVIOUS

SAINT JUDES DRIVE SOUTH CONDOMINIUMS ASSOCIATION INC.
729 SAINT JUDES DR S APT 1
LONGBOAT KEY FL 34228-1838

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2

2. If Address in Block 1 is incorrect in any way, line through the incorrect information and enter the correct address below. A P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Mailing Address

22 P.O. Box No.

23 City and State | 24 Zip Code

3. Date Incorporated or Qualified in Florida: *06/04/1980*

3a. Date of Last Report: *11/07/1991*

4. FEI Number: *65-0135372*

FEI Number Applied For

FEI Number Applicable

5. $8.75 Additional Fee Required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

	Title 1	Names of Officers and Directors 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4
1 / 1x	V/D	~~PESCAGLIA, EDNA~~ Deceased	*707 ST JUDES DR APT 3*	*LONGBOAT KEY, FL*
2 / 2x	D	~~MCCRUDDEN, JAMES~~ Moved	*707 ST JUDES DR APT #2*	*LONGBOAT KEY, FL.*
3 / 3x	P/D	*STONER, ROBERT*	*723 ST JUDES DR APT #2*	*LONGBOAT KEY, FL*
4 / 4x	T/D	*STRUBLE, BETH*	*729 ST JUDES DR APT #1*	*LONGBOAT KEY, FL.*
5 / 5x	S/D	*DERRINGER, D. D.*	*2920 BOUGAINVILLEA ST.*	*SARASOTA, FL.*
6				

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

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

8. Name and Address of New Registered Agent

81 Name

82 Street Address 1 (Do NOT Use P.O. Box Number)

83 Street Address 2 (Do NOT Use P.O. Box Number)

84 City | FL | 85 Zip Code

9. Pursuant to the provisions of Sections 607.0502 and 607.1508, or 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 607.0505, Florida Statutes.

REGISTERED AGENT'S SIGNATURE N/A (Registered Agent Accepting Appointment) DATE

10. **Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.** Yes ☐ No ☒ N/A (See other side for information on intangible tax.)

11. I 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; I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 6 or on an attachment with an address.

SIGNATURE *Bill Struble, TREASURER* DATE *8/10/92*

Print/Type Name of Signing Officer or Director | Title(s) | Daytime Telephone Number ( )

12. **Should you wish to contribute to the Election Campaign Financing Trust Fund, check the box and include an additional $5.00 to the filing fee.** ☐

(Reverse) 08/92

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER JULY 28, 1993.
AMOUNT DUE ON OR BEFORE 7/28/93: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT 1993

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
1993 JUN 21 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Corporation: DOCUMENT # 752783 (1)
FR0687734
SAINT JUDES DRIVE SOUTH CONDOMINIUMS ASSOCIATION INC.
729 ST. JUDES DRIVE, SOUTH, #1
LONGBOAT KEY FL 34228

DO NOT WRITE IN THIS SPACE

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

3. Date Incorporated or Qualified: 06/04/1980
3a. Date of Last Report: 08/14/1992

FILING FEE $225.00
Annual Report $61.25 + $138.75 Corporation Supplemental Fee + $25.00 Late Fee
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. FEI Number: 65-0135372
Applied For
Not Applicable

2. Mailing Address
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Principal Place of Business
26 729 ST. JUDES DRIVE, SOUTH, #1
Suite, Apt. #, etc.
27
City & State
28 LONGBOAT KEY FL
Zip 29 34228 Country 30

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $138.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
BALDWIN, EDWIN M.
15431 POND WOODS DR. W.
TAMPA FL 33618

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 607.0502 and 607.1506 or Sections 617.0502 and 617.1506, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Registered Agent Accepting Appointment (NOTE: Registered Agent signature required when marketing)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P/D	11 TITLE	
12 NAME	STONER, ROBERT	12 NAME	
13 STREET ADDRESS	723 ST JUDES DR APT #2	13 STREET ADDRESS	
14 CITY-ST-ZIP	LONGBOAT KEY FL	14 CITY-ST-ZIP	
21 TITLE	T/D	21 TITLE	
22 NAME	STRUBLE, BETH	22 NAME	
23 STREET ADDRESS	729 ST JUDES DR APT #1	23 STREET ADDRESS	
24 CITY-ST-ZIP	LONGBOAT KEY FL	24 CITY-ST-ZIP	
31 TITLE	S/D	31 TITLE	
32 NAME	DERRINGER, D. D.	32 NAME	
33 STREET ADDRESS	2920 BOUGAINVILLEA ST.	33 STREET ADDRESS	
34 CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP	
41 TITLE	V. P.	41 TITLE	
42 NAME	Edwin M. Baldwin	42 NAME	
43 STREET ADDRESS	15431 Pond Woods DR. W.	43 STREET ADDRESS	
44 CITY-ST-ZIP	Tampa, FL 33618	44 CITY-ST-ZIP	
51 TITLE	Director At Large	51 TITLE	
52 NAME	Leroy Hamm	52 NAME	
53 STREET ADDRESS	707 St Judes Dr S. #1	53 STREET ADDRESS	
54 CITY-ST-ZIP	Longboat Key, FL 34228	54 CITY-ST-ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	LGE 6/21/93

14. I 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; I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 Block 13 if changed, or on an attachment with an address.

SIGNATURE: Beth Struble BETH STRUBLE TREASURER 11/30/93
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
94 APR 28 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Corporation Name
SAINT JUDES DRIVE SOUTH CONDOMINIUMS ASSOCIATION INC.

DOCUMENT # 752783 (1)

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

Principal Place of Business
729 ST. JUDES DRIVE. SOUTH. #1
LONGBOAT KEY FL 34228

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. Date Incorporated or Qualified: 06/04/1980
3a. Date of Last Report: 06/21/1993

2. Mailing Address
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Principal Place of Business
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0135372 ☐ 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

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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 607.0502 and 607.1508 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE	P/D	11 TITLE
12 NAME	STONER, ROBERT	12 NAME
13 STREET ADDRESS	723 ST JUDES DR APT #2	13 STREET ADDRESS
14 CITY-ST-ZIP	LONGBOAT KEY FL	14 CITY-ST-ZIP
21 TITLE	T/D	21 TITLE
22 NAME	STRUBLE, BETH	22 NAME
23 STREET ADDRESS	729 ST JUDES DR APT #1	23 STREET ADDRESS
24 CITY-ST-ZIP	LONGBOAT KEY FL	24 CITY-ST-ZIP
31 TITLE	S/D	31 TITLE
32 NAME	DERRINGER, D. D.	32 NAME
33 STREET ADDRESS	2920 BOUGAINVILLEA ST.	33 STREET ADDRESS
34 CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP
41 TITLE	V	41 TITLE
42 NAME	BALDWIN, EDWIN M.	42 NAME
43 STREET ADDRESS	15431 POND WOODS DRIVE WEST	43 STREET ADDRESS
44 CITY-ST-ZIP	TAMPA FL 33618	44 CITY-ST-ZIP
51 TITLE	D	51 TITLE
52 NAME	HAMM LEROY	52 NAME
53 STREET ADDRESS	707 ST JUDES DRIVE SOUTH, #1	53 STREET ADDRESS
54 CITY-ST-ZIP	LONGBOAT KEY FL 34228	54 CITY-ST-ZIP
61 TITLE		61 TITLE
62 NAME		62 NAME
63 STREET ADDRESS		63 STREET ADDRESS
64 CITY-ST-ZIP		64 CITY-ST-ZIP

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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or 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] TREASURER BETH STRUBLE 4/23/94 813-383-4335
(Signature and Typed or Printed Name of Individual and Capacity or Title of Corporate Officer or Director) (Date) (Daytime Phone #)