


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90234 039 ****61.25

DOCUMENT # 762043 1. Entity Name SAYBROOK MANOR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 251 FENWICK DR. VENICE, FL 34292 US			Mailing Address P.O. BOX 8065 NORTH PORT, FL 34287 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 810-B Pinebrook Rd		
City & State Venice FL			4. FEI Number 59-2168484		
Zip 34285			Country USA		
6. Name and Address of Current Registered Agent ANTARES GROUP, INC. 12497 S TAMiami TrL. STE. 2 NORTH PORT, FL 34287			7. Name and Address of New Registered Agent Name Capri Property Mgmt Inc. Street Address (P.O. Box Number is Not Accepted) 810 B Pinebrook Rd City Venice FL Zip Code 34285		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Debbie Green</u> <u>Debbie Green, President</u> <u>2-23-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SNOW, WILLIAM 259 FENWICK DR C30 VENICE, FL 34292	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BAKER, JOHN 259 FENWICK DR., #33 VENICE, FL 34292	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUSSANO, DONNA 259 FENWICK DR., #35 VENICE, FL 34293	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHIANO, ANDY 828 FIRE ISLAND AVE WEST ISLIP, NY 11795	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLAKELY, ALEXIS 251 FENWICK DR., #3 VENICE, FL 34293	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Debbie Green 810B Pinebrook Rd Venice FL 34285	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Debbie Green</u> <u>Debbie Green</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2-23-05</u> Daytime Phone # <u>941 412 0449</u>		

50020562



02232005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2168484
Applied For
Not Applicable

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

ANTARES GROUP, INC.
12497 S TAMiami TrL.
STE. 2
NORTH PORT, FL 34287

Name
Capri Property Mgmt Inc.
Street Address (P.O. Box Number is Not Accepted)
810 B Pinebrook Rd
City
Venice FL Zip Code
34285

SIGNATURE Debbie Green Debbie Green, President 2-23-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Steven Lacher 251 Fenwick Rd Venice FL 34285	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Donna Russano 259 Fenwick Dr #35 Venice FL 34285	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Debbie Green 810B Pinebrook Rd Venice FL 34285	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: Debbie Green Debbie Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2-23-05 Daytime Phone # 941 412 0449