

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **764116** (0)

1. Corporation Name

SUTTON PLACE OF VENICE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

%JUDITH GRIMES, C.P.M., C.A.M.
412 BAYCREST DR.
VENICE FL 34285

%JUDITH GRIMES, C.P.M., C.A.M.
412 BAYCREST DR.
VENICE FL 34285

3. Date Incorporated or Qualified
07/12/1982

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **American Realty**

26 **700 W. Venice Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Venice, Florida**

28 City & State

Zip

Country

Zip

Country

24 **34285**

25 **Sarasota**

29

30

4. FEI Number

59-2657406

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMERICAN REALTY OF VENICE INC
700 WEST VENICE AVE
VENICE FL 34285**

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

TITLE **PD** ☐ DELETE

NAME **MCCABE, C E**
STREET ADDRESS **6010 SHERWOOD CT**
CITY-ST-ZIP **NASHVILLE TN**

TITLE **STD** ☐ DELETE

NAME **MCCABE, BETTY**
STREET ADDRESS **6010 SHERWOOD CT**
CITY-ST-ZIP **NASHVILLE TN**

TITLE **VD** ☐ DELETE

NAME **DAVIS, JOHN A**
STREET ADDRESS **4 RIVER DR R D**
CITY-ST-ZIP **HACKETTSTOWN NJ**

TITLE **VD** ☐ DELETE

NAME **POKOENIM, RICHARD A**
STREET ADDRESS **1525 WATERFOLD DR**
CITY-ST-ZIP **VENICE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Richard A. Pokornik

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Richard A. Pokornik*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96
Date

Daytime Phone #

CR2E037 (12/95)