


FILE NOW: FILING FEE IS \$61.25

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90173 044 ****61.25

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|--|--|---|---|--|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 766410 | | | | | |
| 1. Corporation Name 2121 MAIN BUILDING CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 2121 MAIN ST. SARASOTA FL 34237 | | | Mailing Address 2121 MAIN ST. SARASOTA FL 34237 | | |

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|--------------------------------|--|------------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 01/05/1983 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number NOT APPLICABLE | |
| 22 City & State | | 27 City & State | | Applied For <input type="checkbox"/> Not Applicable | |
| 23 City & State | | 28 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 Zip Country | | 29 Zip Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 25 | | 30 | | | |

| | | | | | |
|---|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent WALCH, J WILLIAM 2121 MAIN ST SUITE A SARASOTA FL 34237 | | | | 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 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 | | | |
| <input type="checkbox"/> DELETE | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE D | | | | 1.1 TITLE HELTEMA, ROGER L | | | |
| NAME HELTEMA, ROGER L | | | | 1.2 NAME | | | |
| STREET ADDRESS 2121 MAIN ST | | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP SARASOTA FL | | | | 1.4 CITY-ST-ZIP | | | |
| <input type="checkbox"/> DELETE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE TD | | | | 2.1 TITLE | | | |
| NAME SABA, RONALD M | | | | 2.2 NAME | | | |
| STREET ADDRESS 2121 MAIN ST. | | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP SARASOTA FL | | | | 2.4 CITY-ST-ZIP | | | |
| <input type="checkbox"/> DELETE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE SD | | | | 3.1 TITLE | | | |
| NAME WALCH, J WILLIAM | | | | 3.2 NAME | | | |
| STREET ADDRESS 2121 MAIN STREET | | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP SARASOTA FL | | | | 3.4 CITY-ST-ZIP | | | |
| <input type="checkbox"/> DELETE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE | | | | 4.1 TITLE | | | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| <input type="checkbox"/> DELETE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE | | | | 5.1 TITLE | | | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| <input type="checkbox"/> DELETE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE | | | | 6.1 TITLE | | | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | | | |

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 (941) 366-7670
Date Daytime Phone #

CR2E037 (11/98)