FIL	E.	NOW:	FIL	ING	FFF	IS	\$61	25
	-	IIV VI.	* * *	III		10	wu i	. L U

NONPROFIT CORPORATION ANNUAL REPORT



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

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		1	19	9	6	

767928

(5)

P	OCUMENT #	767928	(5)
_	SARASOTA WINDM N, INC.	ILL VILLAGE SOUTH	CIVIC ASSOCIATIO

Principal Place of Business Mailing Address 3000 TUTTLE AVE. 3000 TUTTLE AVE.



US	11 04204	US		:	
				3. Date Incorporated or Qualified 3a. Date of Last Rec 04/13/1983 04/18/199	ort 5
2. Principal P	lace of Business	2a. Mailing Address	******	4. FEI Number Appl	lied For
21		26		I NOLAPPINIARIE F -1	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		\$9.75 A	
22		27		5. Certificate of Status Desired Fee Req	
City & Stat	e	City & State		6. Election Campaign Financing \$5.00 N	
23		28		Trust Fund Contribution Added to	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199	
24	25	29	30	Florida Statutes 🔲 Yes 🖪 No	.002,
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent	
			81 Name		
Doris .			82 Street	Address (P.O. Box Number is Not Roceptable)	
2918 B/	AY ARISYOCRAT DR		62 30000	2914 Lake Haven Dr.	
SARAS	OTA FL 34234		63	ESTA DUNE HAVEII DI	
_					
<i>i</i> .			84 City	FL 85 Zip Co	
11. Pursuant	to the provisions of Sections 617,0502	and 617.1508. Florida Statute	s the above-named o	PANOR Hole statement for the	
or registe	red agent, or both, in the State of Florid	la. Such change was authorize	ed by the corporation's	board of directors. I hereby accept the appointment as registered age	nt. I am
	in, and accept the obligations of, Sect	op 1617.0503, Florida Statutes.		0 070	/
SIGNATURE	Signature, typied or printed name of registered agent	I way we	TO Decide to the second	2-27-9	<u>6</u>
12.	OFFICERS AND		TE: Registered Agent signature 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	INL 10
TITLE	PD	DELETE	1.1 TITLE		
NAME	JAMES, DORIS	A	1.2 NAME	P) 🕶 -] Addition
STREET ADDRESS	2913 BAY ARISTOCRAT DR.			DEVENPECK, ANNE S	
CITY-ST-ZIP	SARASOTA FL		1.3 STREET ADORESS	2914 Lake Haven Dr.	
TITLE	VD	DOELETE	1.4 CITY-ST-ZIP	Sarasota F1. 34234	Addition
NAME	DEVENPECK, ANNE		2 1 TITLE	VD Change	Addition
	2914 LAKE HAVEN DR.		22 NAME	Kaempfer, Joyce	
STREET ADDRESS	SARASOTA FL		2.3 STREET ADDRESS	2795 Bay Oaks Dr.	
CITY-ST-ZIP	SD SD	Financia	2. 4 CITY-ST-ZIP	Sarasota, F1, 34234	
TITLE	STEINKUHLER, MARGARET	DELETE	3.1 TITLE	SD Change	Addition
NAME	•		3.2 NAME		ļ
STREET ADDRESS	3399 BAY OAKS DRIVE		3.3 STREET ADDRESS	Steinkuhler, Margaret	İ
CITY-ST-ZIP	SARASOTA FL		3.4. CITY-ST-ZIP	3399 Bay Oaks Dr.	
TITLE	TD	DELETE	4.1 TITLE	Sarasota, Fl. 34234 Change	Addition
NAME	KISKA, JERRY		4. 2 NAME	7000012222	
STREEI ADDRESS	2929 LAMPLIGHYTER DR.		4.3 STREET ADDRESS	700001733637 -03/06/9601021023	
CITY - S1 - ZIP	SARASOTA FL	_	4.4 CITY - ST-ZIP		
TITLE	D	DELETE	51 TITLE	## #\$1,-25 ☐ Change ☐	Addition
NAME	rauh,- stan	r	5.2 NAME	10	,
	3284 RAV OAKS DD	-		Kiska, Jarry	

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. SARASOTA FL

6.1 TIFLE

6.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

3284 BAY OAKS DR.

SINCAVAGE, WILLIAM

3291 BAY OAKS DRIVE

SARASOTA FL

DELETE

Anne S. Devenpeck 1-25-96 941. 355:3096

2929 Lamplighter Dr. Sarasota, FL. 34234

D Sincavage, William Daw Oaks Dr.

63 STREET ADDRESS 3291 Bay Oaks Dr.

Change

Addition