

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 767928 (5)

1. Corporation Name

SARASOTA WINDMILL VILLAGE SOUTH CIVIC ASSOCIATION, INC.



Principal Place of Business

3000 TUTTLE AVE.  
SARASOTA FL 34234  
US

Mailing Address

3000 TUTTLE AVE.  
SARASOTA FL 34234-6400  
US3. Date Incorporated or Qualified  
04/13/19833a. Date of Last Report  
03/05/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City &amp; State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

29 Country

30

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

DEVENPECK, ANNE S  
2914 LAKE HAVEN DR  
SARASOTA FL 34234

10. Name and Address of New Registered Agent

81 Name

MARY MARGARET SHOUP

82 Street Address (P.O. Box Number is Not Acceptable)

2962 HILLCREST DRIVE

83

84 City

SAASOTA

FL

85 Zip Code

34234

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

MARY MARGARET SHOUP

(NOTE: Registered Agent signature required when installing)

DATE 1/24/97

12. OFFICERS AND DIRECTORS

TITLE VD  
NAME KAEMPFER, JOYCE  
STREET ADDRESS 2914 LAKE HAVEN DR  
CITY-ST-ZIP SARASOTA FL 34234☐ DELETETITLE PD  
NAME DEVENPECK, ANNE  
STREET ADDRESS 2914 LAKE HAVEN DR.  
CITY-ST-ZIP SARASOTA FL☐ DELETETITLE SD  
NAME STEINKUHLER, MARGARET  
STREET ADDRESS 3399 BAY OAKS DRIVE  
CITY-ST-ZIP SARASOTA FL☐ DELETETITLE TD  
NAME KISKA, JERRY  
STREET ADDRESS 2929 LAMPLIGHTER DR.  
CITY-ST-ZIP SARASOTA FL☐ DELETETITLE TD  
NAME KISKA, JERRY  
STREET ADDRESS 2929 LAMPLIGHTER DR  
CITY-ST-ZIP SARASOTA FL 34234☐ DELETETITLE D  
NAME SINCAVAGE, WILLIAM  
STREET ADDRESS 3291 BAY OAKS DRIVE  
CITY-ST-ZIP SARASOTA FL☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP☐ Change ☐ Addition21 TITLE RD.  
22 NAME MARY MARGARET SHOUP  
23 STREET ADDRESS 2962 HILLCREST DR.  
24 CITY-ST-ZIP SARASOTA FL 34234☒ Change ☐ Addition31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP☐ Change ☐ Addition41 TITLE TD  
42 NAME MILDRED SAMPERY  
43 STREET ADDRESS 2948 REGENCY COVE  
44 CITY-ST-ZIP SARASOTA FL 34234☒ Change ☐ Addition51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP☐ Change ☐ Addition61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP☐ Change ☐ Addition

14. I do 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.

SIGNATURE: MARY MARGARET SHOUP 1/24/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Phone # 0063178

CR2E037 (9/96)