


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA 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 US			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/13/1983 4. FEI Number NOT APPLICABLE 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SHOUP, MARY MARGARET 2962 HILLCREST DRIVE SARASOTA FL 34234				10. Name and Address of New Registered Agent 81 Name Devenpeck, Anne S. 82 Street Address (P.O. Box Number is Not Acceptable) 2914 Lake Haven Dr. 83 City Sarasota 84 City 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 <u>Anne S. Devenpeck, Pres.</u> DATE <u>1/15/98</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAEMPFER, JOYCE			1.2 NAME	
STREET ADDRESS	2914 LAKE HAVEN DR			1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34234			1.4 CITY-ST-ZIP	
TITLE	PD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHOUP, MARY MARGARET			2.2 NAME	Devenpeck, Anne S.
STREET ADDRESS	2962 HILLCREST DR.			2.3 STREET ADDRESS	2914 Lake Haven Dr.
CITY-ST-ZIP	SARASOTA FL			2.4 CITY-ST-ZIP	Sarasota, FL 34234
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINKUHLER, MARGARET			3.2 NAME	
STREET ADDRESS	3399 BAY OAKS DRIVE			3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL			3.4 CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMPERY, MILDRED			4.2 NAME	
STREET ADDRESS	2948 REGENCY COVE			4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL			4.4 CITY-ST-ZIP	
TITLE	TD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KISKA, JERRY			5.2 NAME	
STREET ADDRESS	2929 LAMPLIGHTER DR			5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34234			5.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SINCAVAGE, WILLIAM			6.2 NAME	Ass't Sec. Downing, Harriett
STREET ADDRESS	3291 BAY OAKS DRIVE			6.3 STREET ADDRESS	2993 Regency Cove
CITY-ST-ZIP	SARASOTA FL			6.4 CITY-ST-ZIP	Sarasota, FL 34234
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.					
SIGNATURE: <u>Anne S. Devenpeck, Pres.</u>				Anne S. Devenpeck, Pres. 941-355-3096	



CR2E037 (10/97)