

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90154 050 \*\*\*122.50

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 767928**

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		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/13/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip			
24		29		30	

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 DR.
83	
84 City	SARASOTA 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 DATE 4/12/99  
(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	BARBARA SHIPLEY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAEMPFFER, JOYCE	1.2 NAME	2802 PALM LAKE DR.
STREET ADDRESS	2914 LAKE HAVEN DR	1.3 STREET ADDRESS	SARASOTA, FL 34234
CITY-ST-ZIP	SARASOTA FL 34234	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVENPECK, ANNE S	2.2 NAME	
STREET ADDRESS	2914 LK HAVEN DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34234	2.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	MARY HAIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNING, HARRIETT	3.2 NAME	3103 BAY OAKS DRIVE
STREET ADDRESS	2993 REGENCY COVE	3.3 STREET ADDRESS	SARASOTA, FL 34234
CITY-ST-ZIP	SARASOTA FL 34234	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	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DONALD DOWNING <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINCAVAGE, WILLIAM	5.2 NAME	2993 REGENCY COVE
STREET ADDRESS	3291 BAY OAKS DRIVE	5.3 STREET ADDRESS	SARASOTA, FL 34234
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: MARY MARGARET SHOUP  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
April 9, 1999  
Date
Daytime Phone #

CR2037 (4/1/88)