

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90214 001 ***122.50

DOCUMENT # 767928

1. Entity Name

SARASOTA WINDMILL VILLAGE SOUTH CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3000 TUTTLE AVE.
SARASOTA FL 34234
US**

**3000 TUTTLE AVE.
SARASOTA FL 34234
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHOUP, MARY MARGARET
2962 HILLCREST DRIVE
SARASOTA FL 34234**

Name

James Wilson

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

2958 Cimarron Cove

City

Sarasota

FL

Zip Code

34234

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

JAMES F. Wilson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature]

2/6/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Delete
NAME **WILSON, JAMES**
STREET ADDRESS **2958 CIMARRON COVE**
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **PD** ☒ Change ☐ Addition
NAME **James Wilson**
STREET ADDRESS **2958 Cimarron Cove**
CITY-ST-ZIP **Sarasota, FL 34234**

TITLE **AS** ☒ Delete
NAME **DOWNING, HARRIET**
STREET ADDRESS **2993 REGENCY COVE**
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **VD** ☒ Change ☐ Addition
NAME **M. Jane Gunn**
STREET ADDRESS **2918 Cimarron Cove**
CITY-ST-ZIP **Sarasota FL 34234**

TITLE **TD** ☐ Delete
NAME **SAMPERY, MILDRED**
STREET ADDRESS **2948 REGENCY COVE**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **SHOUP, MARY MARGARET**
STREET ADDRESS **2962 HILLCREST DRIVE**
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **S** ☒ Change ☐ Addition
NAME **Ercei Shapleigh**
STREET ADDRESS **2956 Regency Cove**
CITY-ST-ZIP **Sarasota, FL 34234**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AT** ☐ Change ☒ Addition
NAME **Betty Adams**
STREET ADDRESS **2917 Hillcrest Dr**
CITY-ST-ZIP **Sarasota, FL 34234**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JAMES F. WILSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/02 941-355-5060

Date

Daytime Phone #

CR2E037 (9/01)